A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY TECHNIQUE ON STRESS AMONG CANCER PATIENTS AT A SELECTED HOSPITAL, COIMBATORE

By

Reg. No: 301231003

A DISSERTATION SUBMITTED TO THE TAMIL NADU Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

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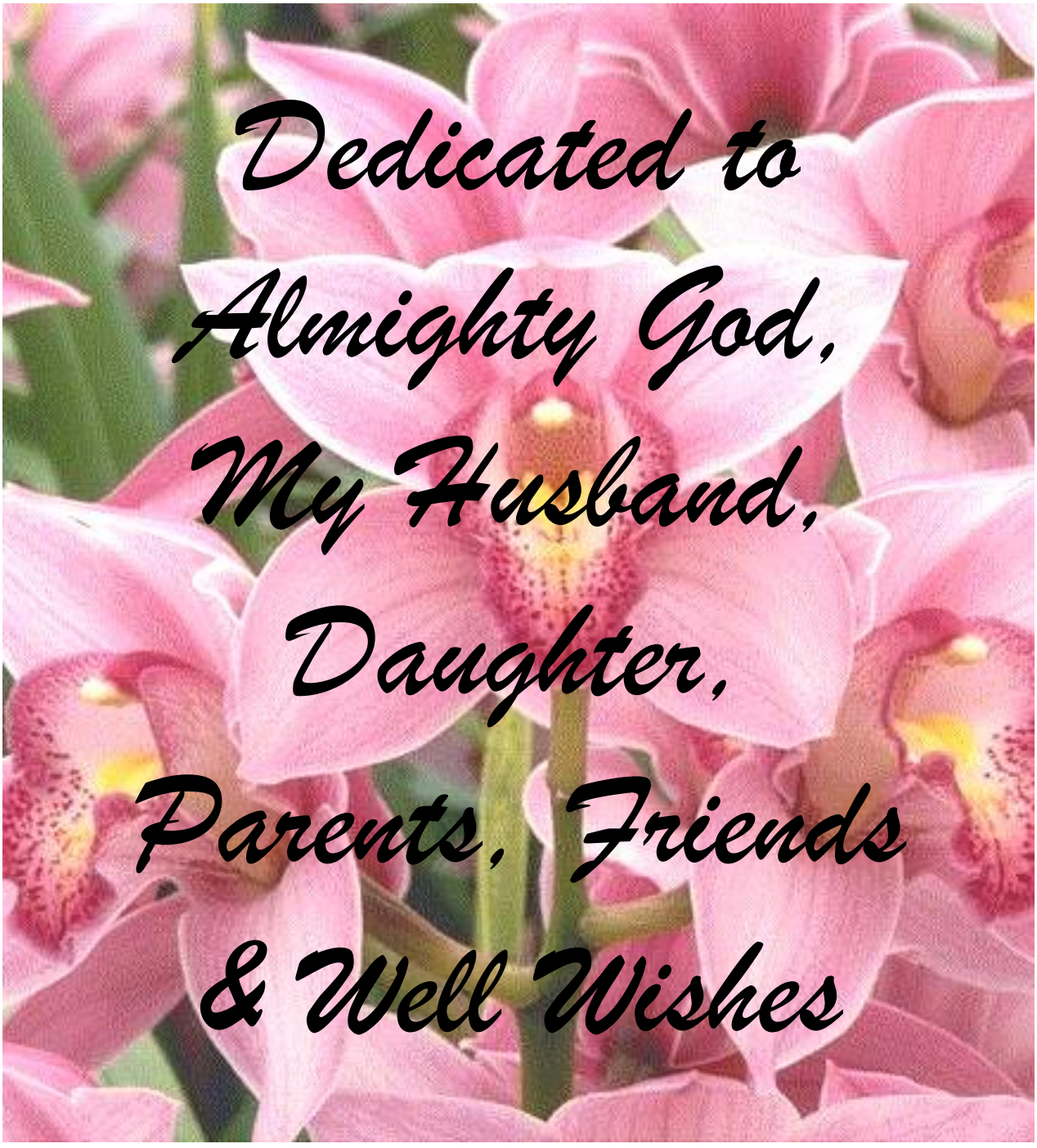
Dedicated to
Almighty God,
My Husband,
Daughter,
Parents, Friends
& Well Wishes

ACKNOWLEDGEMENT

Thanking **God Almighty** for all his many blessings. I wouldn't have made it this far without him being the head of my life. I'm truly blessed.

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CHAPTER - I

Introduction

"We should not let our fears us back from pursuing our hopes"

- John F Kennedy

Stress is viewed as an individuals reaction to any changes that requires an adjustment or response, which can be physical mental or emotional. Mental health is a equilibrium between the adaptive and maladaptive behavior. Although stress is a small event it can disturb the equilibrium (Lum, 2010).

The mere diagnosis of cancer generates fear in most of the people. Psychosocial and emotional problems occur frequently during the advanced and terminal stages of cancer and need to be appropriately detected and managed. Patients during terminal phase report numerous fears experience stress and anxiety.

Signs of stress can come in many forms. Signs of stress can be physical, mental, or emotional. Physical signs include headaches, stomach aches, muscle aches, nervousness, eating disorders and sleeping disorders. Mental signs of stress include forgetfulness, unorganized mood, lack of concentration. Emotional signs of stress include anger quickly, sadness, impatience, frustration, easily agitated and violent behavior (Katarine, 2009).

Stress can affect the quality of life of patients with cancer and their families. People who have cancer may find the physical, emotional and social effects of the disease to be stressful. Those who attempt to manage their stress with the risky behaviors such as smoking or drinking alcohol or who become more sedentary may

have a poorer quality of life after cancer treatment. In contrast, people who are able to use effective coping strategies to deal with stress, such as relaxation and stress management techniques.

Patients living with cancer have a low level of stress and others have higher levels of stress. The level of stress ranges from being able to adjust to living with cancer to having a serious mental health problem such as a depression.

Learning to manage stress and the pressure of daily life can help those with the cancer and gives them insights into life choice and priorities. Complementary therapies are the therapies and approaches used long side medical treatment for cancer to support the patient on their cancer journey.

Stress management is one of the contradictory subject in the modern world. Most of the psychologist and holistic medical professionals are prefer relaxation techniques to reduce stress. Stress may be contained within body's normal homeostatic limits. The adaptive coping strategies are awareness, relaxation, meditation, problem solving, better communication with significant others and taming of pets (Mary. C. Townsend).

Charyl (2010) describes that potential utility of three mind body interventions like mindfulness based stress reduction, guided imagery, psychotherapy for specifically reducing the stress of patients

Rapp (2010) states that guided imagery is a deep relaxation technique that can be used to control stress and anxiety relieve insomnia and reduce stress. Guided

imagery is based upon the simple practice of relaxation of group of muscles at a time followed by imagination of a particular place or scene with release of the tension.

Guided imagery can have a direct effect on both the endocrine and nervous systems, which leads to changes in the immune system. Guided imagery is used to promote relaxation, reduce stress and the mind influence the body in positive ways.

The goal of guided imagery is to know the difference between how the mind feel when they are tensed and when they are relaxed and also to reduce the stress (Sutherland, 2011).

Guided imagery is at the centre of relaxation techniques designed to release brain chemicals that acts as our body's natural brain tranquilizers, relaxes the body reduces stress related conditions like headaches, chronic pain in the back and neck (Sudha, 2011).

In this modern world it is difficult to change the stressful situation, but there is various relaxation techniques is found effective in reducing stress. Guided imagery is an effective technique that reduces stress and relaxes mind and body in cancer patients. Practicing guided imagery helps to improves sleep, relaxation and daily activities of life.

Need for the Study

Cancer is global problem and is one of the greatest causes of human suffering. Advances in early cancer detection and more effective treatment methods are

increasing the number of people living many years after diagnosis of cancer. An emerging issue for any survivor is the experience of adverse effects of treatment over a long period of time. Recent research reports indicate that long term serious outcomes are more prevalent than were anticipated.

According to WHO's report cancer is leading cause of death world wide. It is accounted for 7.9 million death which is around 13% of all death in 2007. Death from cancer world wide are projected to continue rising with an estimated 12 million death in 2030.

About 3.5 million cancer patients were worsening with no improvement due to stress. Emotions have to be kept under control whereas people engages an intolerable problems in their life.

Khess (2010) states that the prevalence of stress around the world is currently estimated to range from 5% to70% of the general population

National cancer institute noted that the incidence of stress among cancer patients rates are higher ranging from 20% in patients with early stage cancer to 80% in those with recurrent cancer

Mehert. A. Kouchu (2007) conducted a study on prevalence of stress in breast cancer patients during primary cancer. He included 127 patients with breast cancer. The result indicates that stress among breast cancer estimated 18.5% at stage I and 11.2 – 16.3% at stage II.

Guided imagery is a form of self hypnosis that has been associated with positive stimulation of immune system. Positive suggestion is used to help release a negative self image to assist in creating and achieving goal and as a natural way to relieve physical, mental and emotional stress related illness like high blood pressure and insomnia (Jacky, 2011).

The usefulness of guided imagery therapy techniques have been shown to be effective in helping individuals learn or modify behavior like learning to relax, changing or controlling their negative emotion in response to a particular situation or belief, preparing themselves for changes they are likely to have to deal within the future and to reduce stress.

As part of posting in the hospital, the investigator observed that cancer patients are vulnerable to severe stress, which cannot be relieved by analgesics or other sedative drugs. Thus the researcher got provoked to take a study to assess the effectiveness of guided imagery on reducing stress among cancer patients.

Statement of the Problem

A Study to Assess the Effectiveness of Guided Imagery Technique on Stress among Cancer patients at a Selected Hospital, Coimbatore.

Objectives of the Study

- To assess the level of stress among cancer patients.
- To demonstrate guided imagery technique among cancer patients.

- To evaluate the effectiveness of guided imagery technique on stress among cancer patients.
- To find out the association between the selected demographic variables with post test stress score.

Hypothesis

There is a significant difference in the pretest and post test stress level among cancer patients before and after administration of guided imagery technique.

Operational Definitions

Assess

It refers to examine the effectiveness of guided imagery technique on stress among cancer patients as measured by Sheldon Cohen Modified Perceived Stress Scale.

Effectiveness

It refers to desired change, which can be brought about by practicing guided imagery technique and is measured in terms of significant difference gained in the pre test and posttest score of stress among cancer patients.

Guided Imagery

Guided imagery is a technique of relaxation based on relaxing body muscle and relaxing mind in order to relieve the stress. The person first relaxes the muscle for 10- 20 seconds in a systematic order starting from head to toe or vice versa, then relaxing the mind by imagining themselves in a peaceful place and

feels enjoying the every movement in that place. The total duration of the exercise is about 10-15 minutes. This is to be practiced twice daily for a period of three weeks, as planned by the researcher.

Stress

Stress refers to the physical, mental and family distress perceived by cancer patients which is categorized as mild, moderate, severe and profound as per the stress of the personnel.

Cancer Patients

It refers to the patients who are diagnosed with stage I and stage II cancer between the age group of 25 -60 yrs with mild to moderate stress.

Assumptions

- Cancer patients experiences stress.
- Guided imagery helps to reduce stress.
- Well being of the cancer patients are ensured by the reduction of stress.

CHAPTER - II

Review of Literature

Review of literature is a broad, comprehensive, systematic and critical view of scholarly publications, unpublished scholarly print materials, audiovisual materials and personal communication.

According to Polit and Hungler (1999) literature review to the activities involved in the identifying or searching for the information on a topic.

Review of Literature is Discussed Under the Following Headings

- Literature related to prevalence of stress among cancer patients.
- Literature related to psychological problems among cancer patients.
- Literature related to guided imagery on stress among cancer patients.

Literature Related to Prevalence Stress Among Cancer Patients

Angelopoulos. N. V, et.al., (2011) conducted study on 'Mental symptoms, hostility features and stress in people with cancer' in Scandinavica. The sample consisted of 100 patients (59 men and 41 females) suffering from cancer. This study showed that cancer patients experience severe stress, anxiety, depression and hostility features.

Urs GB, D' Souza, et.al., (2010) conducted a study Of Presumptive Stress In Cancer Patients. The objective of the study were to assess the extent of presumptive stress events (PSE) among patients with various types of cancer. PSE scale was used

to find out the extent of perceived stress. The result reveals that around 20% of cancer patients suffer from stress disorder.

Ramirez. J. R, et.al., (2010) conducted supportive study regarding stress and relapse of breast cancer among 100 women's in London. The main objective of the study were to elucidate the association between stressful life events and the development of cancer. The method of study was case-control study. The result of the study suggest a prognostic association between severe life stressors and recurrence of breast cancer.

Diane Von Ah, (2009) conducted study on 'stress, optimism and social support impact on responses in cancer. The purpose of this co relational study was to examine the direct and stress buffering effect of optimism and satisfaction with social support on immune responses. Participants were 54 postoperative cancer patients who completed questionnaires on stress. The results suggested that interventions aimed at reducing stress and optimism in cancer patients might promote optimal immune response.

Parameswara. J (2009) conducted a study on Psychosocial problems of cancer patients in Bangalore, Kidwai. It shows that patient perceived high stress by worrying on the side effects of treatment like loosing organ (61%), breast and other organs, hair loss as a result of surgery, chemotherapy and radiotherapy. The result was revealed that out of 2402 cancer patients, 1078 (45.8%) had psychological problems.

Nielsen. N. R, (2009) conducted a prospective cohort study conducted on self reported stress and risk of breast cancer at Copenhagen city, Denmark to assess the

relation between self reported intensity and frequency of stress and first time incidence of primary breast cancer. The 6689 women were selected for the study. Results shown that during follow-up 251 women were diagnosed with breast cancer. Women with high levels of stress had a hazard ratio of 0.60 (95% confidence interval 0.37 to 0.97) for breast cancer compared with women with low levels of stress.

Tatsuio (2008) conducted a study on major depression, adjustment disorders and post traumatic stress disorder in terminally ill cancer patients of National cancer centre hospital east,Japan. He included consecutive terminally ill cancer patients. He concluded that the factors underlying psychological stress are multi factorial. Early intervention to treat sub clinical anxiety and depression may prevent subsequent psychological distress.

Strong. V (2008) conducted a study on emotional stress in cancer patients, Edinburgh cancer center symptom study. He included one quarter of the cancer out patients 674 out of 3071 met criteria for clinically significant emotional distress. The result of this study emphasize the need to develop services to improve the management of emotional distress in out patient cancer services and suggest how theses' may be beat targeted.

Karanci. N. A, Erkam. A (2007) conducted a study on Variables Related To Stress Related Growth Among Turkish Breast Cancer Patients. The sample size was 90 breast cancer patients. The objective of the study were to examining the stress related growth among Turkish breast cancer patients by using stress related growth scale. The findings were social support and problem solving coping were found to be

positively associated with stress related growth whereas income level and depression scores are found to be negatively associated with stress related growth.

Mehnert. A. Kohu (2006) conducted a study on prevalence of acute and post traumatic stress disorder and co morbid mental disorders in breast cancer patients during primary cancer care. He included 127 patient with post surgery breast cancer. He concluded that large number of women with emotional distress illustrate the need for psychosocial counseling and support in this early treatment plan.

Literature Related to Psychological Problems Among Cancer Patients

Chen. A. M, et.al., (2010) conducted a study in Sacramento about psychological distress among 40 patients (25 women and 15 men) patients undergoing radiation therapy for head and neck cancer. All the patients completed the hospital anxiety and depression scale (HADS) and Bech depression scale. Result shows that there is high level of anxiety in cancer patients.

Tain. J. Chen. Z. C, et.al., (2009) conducted a study in China about the effects of nutritional and psychological status in gastro intestinal cancer patients on the tolerance of treatment.They conducted among 182 cancer patients for the period of treatment. Food frequency survey method, state trait anxiety inventory were used to obtain information about psychological status. so that they confirmed that both poor nutritional status and psychological status, have impact on the recovery of physical performance of cancer patients.

Korfage. T. J, et.al., (2009) conducted a study in Netherlands about anxiety and depression among prostate cancer patients. They conducted the study among 299

patients and follow up was done for 5 years. Respondent completed four assessment scale. So they predicted that anxiety level were high in pre-radiation therapy patients and were gradually decreased according to the duration of treatment.

Allen. R. Newman. S. P, et.al., (2009) conducted a study in London about anxiety and depression in adolescent cancer patients. They conducted among 42 cancer patients at the time of diagnosis.The Beck depression inventory and state anxiety inventory scale are used. They predicted that the girls were significant more anxious than the boys.

Vidhubala (2008) conducted a study in Chennai about the coping preferences of head and neck cancer patients. She conducted among178 head and neck cancer patients with 19-37 years. The questionnaire used for coping preferences was Jolwiee coping preference scale. The result indicate that cancer patients are having high degree of psychological distress.

Literature Related to Guided Imagery on Stress Among Cancer Patients

Baider. L (2011) examined the long term effects of relaxation and guided imagery on patients recently diagnoses with cancer. He included 86 patients who are having diagnosed with cancer. The aim of the study was to gather information on the immediate and long term effects of group muscle relaxation. The result indicates a decreased in psychological distress and an increase in the patients sense of internal control.

Lynme Campbell Gillies (2010) conducted a study on the effect of guided imagery and relaxation on patients receiving treatment for metastatic cancer. He

included 30 men and women aged between 20 and 80 with stages 1,2,or 3 breast, prostrate gynecological cancer head and neck, who are about to commence radical radiation therapy. The result indicates that while guided imagery contribute by a lowering of stress, cognitive intervention would probably affect amore substantial and sustained change in the patient.

Burns. D. S (2010) conducted a study on guided imagery in improving mood and quality of life in cancer patients. He includes 18 volunteers with cancer history were randomly assigned to either an experienced or a wait list control group. He concluded that individuals who participated in guided imagery sessions better on both mood scores and quality of life scores that those who did not interestingly, these scores continued to improve in the experimental group, even after sessions were complete, indicating that guided imagery effective in improving mood and quality of life in cancer patients.

Kolcaba. K and Fox. C (2010) conducted a study on the effectiveness of customized guided imagery for increasing comfort in early stage cancer. He includes 53- women (26 in experimental group, 27 in the control group) aged 27-81.80% European and 10% African American with stages I and II breast cancer. They concluded that guided imagery is an effective intervention for enhancing comfort of women undergoing radiation therapy for early stage of breast cancer.

Gaston Johnson (2009) conducted a study on benefits from the use of information, cognitive restructuring and relaxation with guided imagery in patients with breast cancer who underwent autologous bone marrow/ peripheral blood stem

cell transplantation. This strategy was found to be effective in significantly reducing anxiety, nausea and nausea combined with fatigue 7 days after surgery when the side effects of treatment are usually the most severe.

Antony. C. Bakke (2008) conducted a study on the effect of hypnotic –guided imagery on psychological wellbeing and immune function in patients with prior breast cancer. He included patients being treated for stage 1 or 2 breast cancer. The result indicate that there were significant increase in improvement in depression and increase in absolute number of natural killer cells, but these were not maintained at the 3 month follow-up.

Kristina. L. Kwekkeboom (2008) conducted a study on patients perceptions of the effectiveness of guided imagery and progressive muscle relaxation intervention used for cancer. He included 40 hospitalized patients with cancer. He concluded that cognitive behavioral strategies like guided imagery and progressive muscle relaxation are useful in treating cancer for patients

Conceptual Framework

Conceptual Framework for this study was derived from Callista Roy's Adaptation Model (1991). Roy in her model focuses on the goal of nursing which is to facilitate adaptation of individual for various stimuli from environment.

This model focuses on the concept of adaptation of person. As an open living system, the person receives input or stimuli from both environment and the self. The adaptation level is determined by the combined effect of focal, contextual and residual stimuli. Adaptation occurs when the person responds positively to environmental changes. This adaptive response promotes the integrity of a person.

Input

Input consists of stimuli which can either come from the environment or within the person. In this study the person stimulus refers to the cancer patients who have mild to moderate stress.

In this study the researcher used guided imagery as the external stimuli to influence the process and control mechanism.

Throughput

Throughput refers to the person's process and effectors. Process is the control mechanism that a person uses for an adaptive system. In this study guided imagery served as a control mechanism to adapt to stimuli. Effectors refer to the adaptive models. Physiologic function, self-concept role function and inter dependence are involved in adaptation.

Physiologic Function

It involves the cancer patients physical problems associated with stress., it includes reduced movements, decrease daily living activities and need of assistance for every activities.

Self-Concept

Self-concept is about personal self (includes self concept and self ideal), moral and ethical self (self observation and self evaluation). In these study cancer patients is said to have low self esteem, low self concept and low self confidence.

Role Function

Role function refers to the how a person interact with other in a given society. Here their total interaction is distorted and reduced responsibilities to other and self.

Inter Dependence

Involves a persons relationship with others and support system. In this study the client is interdependent on support system like doctors, nurses, staffs and other health personals and family members to seek information regarding management of stress.

Output

Output is the outcome of the system process. In this study output refers to reduction of stress with guided imagery. This output gives feedback for the open system. If the feedback is negative the process is again reassessed and redirected. Guided imagery as an intervention is provided to control the subsystem of regulator and cognator coping mechanisms to reduce stress. The group which receives guided imagery exhibits adaptive response to reduce stress.

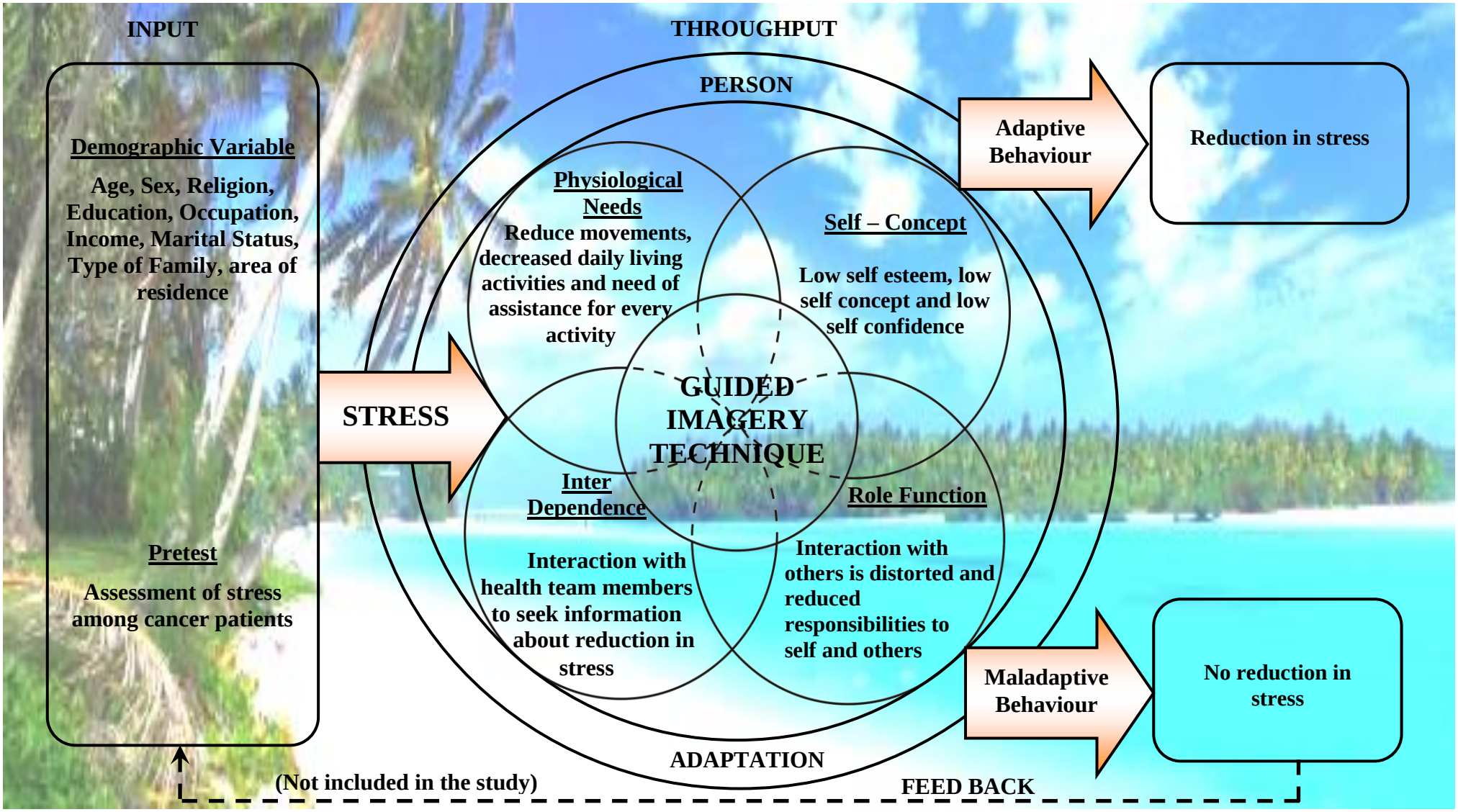

Figure. 1 Modified Conceptual Framework Based on Modified Roy's Adaptation Model (1992)

CHAPTER - III

Methodology

Methodology is a part of any study which enables the researcher to project out the research undertaken. Research methodology is a way to systematically solve the research problem. It is a science of study how research is done scientifically.

In this section, the researcher discusses the research approach, research design, variables, setting of the study, population, sample size, sampling techniques, criteria for selection of the sample, description of the tool, pilot study, data collection procedure and plan for data analysis.

Research Approach

Quantitative approach was used for the present study.

Research Design

The research design selected for the study is- one group pre-test post test design. It is one type of Pre-experimental design

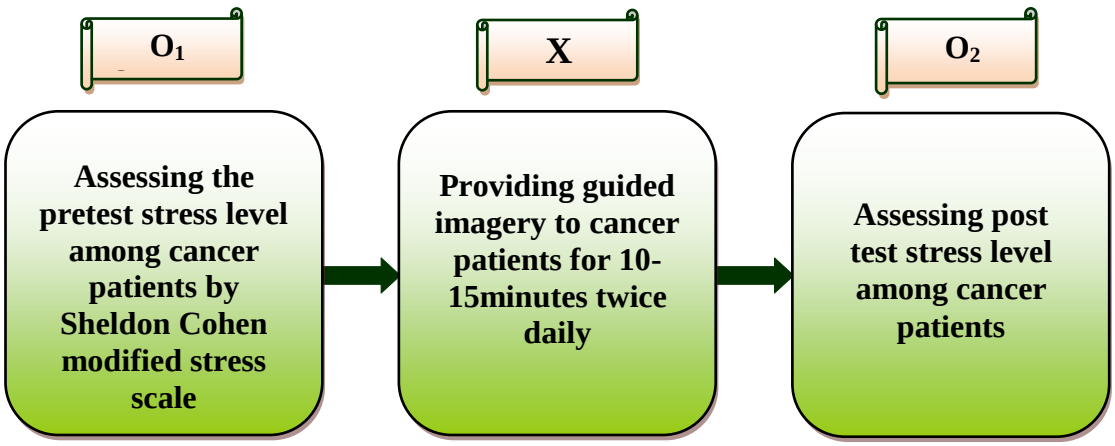

Figure. 2 The Schematic Representation of the Research Design

O_1 - Pre-test assessment

X - Intervention

O_2 - Post test assessment

Setting of the Study

The study was conducted among cancer patients at Ashwin hospital Coimbatore, which is situated 7kms distance away from the PPG College of Nursing Saravanampatty. It is a 350 bedded cancer specialty hospital and it provides comprehensive care to all. This hospital has well-equipped inpatient and outpatient unit. Average outpatient was about 150 per day. It consist of all facilities like radiation therapy, chemotherapy etc.

Variables

Independent variable was guided imagery and the dependent variable was the stress among cancer patients.. The influencing variables were demographic variables such as age, sex, religion, educational status, marital status, occupation, type of family, area of residence and monthly income of cancer patients.

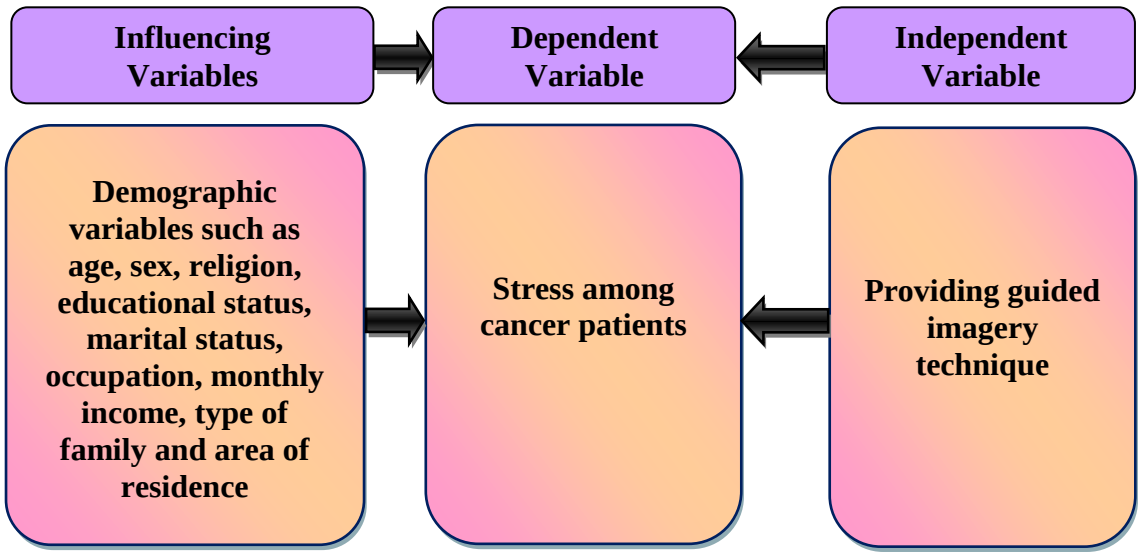

Figure. 3 The Schematic Representation of Variables

Population

The accessible population includes the people who are diagnosed with cancer belonging to the age group 25- 60 years and who are admitted in Ashwin hospital, Coimbatore.

Sample Size

The sample size included for the study consists of 50 cancer patients in Ashwin Hospital, who fulfilled the inclusive criteria.

Sampling Technique

The sample was selected by using convenient sampling technique, a type of non-probability sampling method Researcher has selected the cancer patients only with mild to moderate stress thus randomization is not possible for this study

Criteria for the Selection of Samples

Inclusive Criteria

- Samples who are between the age group of 25-60yrs
- Samples with mild to severe level of stress
- Samples with stage I and stage II cancer
- Samples who are willing to participate in this study
- Samples who are able to understand the language e.g.; Tamil, English

Exclusive Criteria

- Samples with asthma, seizure and cardiac disorders.
- Samples with impaired vision and hearing.

Description of the tool

The researcher had developed a tool after reviewing the literature to evaluate the stress among cancer patients. It has two sections. Section - A : Demographic variables and Section - B : Modified stress scale

Section – A Demographic Variables

It consists of demographic variables which include age, sex educational status, occupation, type of family, monthly income, marital status, religion and area of residence.

Section – B Sheldon Cohen Modified Perceived Stress Scale

It consists of 40 questionnaires to assess the stress level of cancer patients. The questionnaire has 17 positive questions and 23 negative questions. The researcher has categorized questionnaire on physical stress, communicational stress, family stress and psychological stress of which physical stress category consist of 5 questions, family stress category consist of 5 questions, psychological stress category consist of 25 questions. Each questions has 4 points graded scale, which includes never, sometimes, often, always which carries the scores of 0,1,2,3 respectively the maximum possible score was 120 and minimum score was 0. As the level of score increases, the stress level increases.

Table. 1 Grading of Stress Score

Grading of Stress	Stress Score
Mild	0 -30
Moderate	31-60
Severe	61-90
Profound	91-120

Testing of the Tool

Content Validity

The tool was given to 5 experts in the field of psychiatric nursing. All the comments and suggestions given by the experts are duly considered and corrections were made.

Reliability of the Instrument

The reliability of the tool was determined by spearman brown split half technique showing r=+0.8. Hence the reliability of tool was satisfactory.

Pilot Study

The pilot study was conducted to make sure that the tool was capable to elicit the response from the respondents. It was conducted among 5 cancer patients of Ashwin hospital for a period of one week. The pretest was conducted by using modified stress scale. Live demonstration was given to the cancer patients regarding guided imagery. Post test was done by using the same stress scale after one week. The period was feasible to conduct the study and the result shows that the guided imagery was effective to reduce stress among cancer patients.

Data Collection Procedure

Formal permission was obtained from the medical officer of Ashwin hospital, Coimbatore by submitting an application giving assurance to abide by the rules and regulations, the study was done for a period from 1-14-2014 to 31-1-2014. The researcher identified the cancer patients who fulfilled the inclusion criteria.

The researcher explained about the purpose of the study in compassionate manner and informed consent was taken from the cancer patients. By using

convenient sampling, 50 samples were selected. Researcher had selected 3-5 samples per day, who met the inclusive criteria, the level of stress were assessed by using modified perceived stress scale. Then the patients were familiarized with the concept of guided imagery, the role and importance in practicing guided imagery. The patients were assisted to perform guided imagery twice a day preferably morning and evening during hospital stay and encouraged to continue at home upto three weeks in two sessions which is for about 15 minutes in each session. Post test was conducted after 21 days using the same modified perceived stress scale to find out the effectiveness of guided imagery on stress level among cancer patients.

Plan for Data Analysis

- Data were analyzed by using descriptive and inferential statistics. Descriptive statistics were used to analyze frequency, percentage, mean, standard deviation
- In inferential statistics paired t test was used to assess the effectiveness of guided imagery on stress level of patients.
- Chi-square test was used to find out the association between selected demographic variables with the post score of stress level

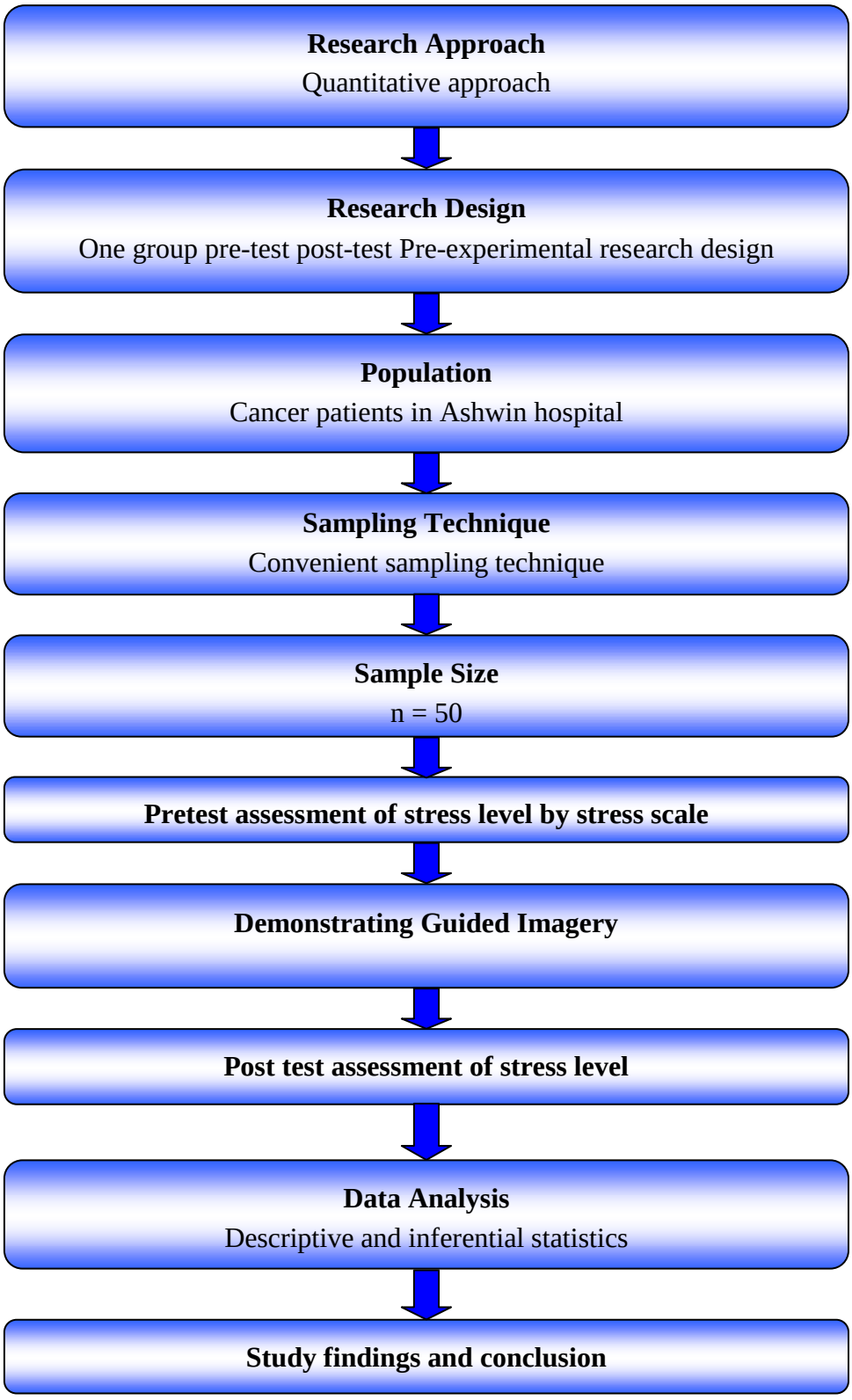

Figure. 4 The Overall View of Research Methodology

CHAPTER - IV

Data Analysis and Interpretation

Polit and Hungler (2004) states that the statistical analysis is a method of rendering quantitative information and elicits meaningful and intelligible form of research data.

This chapter deals with analysis and interpretation of the data collected with intensified stress of cancer patients in Ashwin Hospital, Coimbatore, to assess the effectiveness of guided imagery on stress among cancer patients. The findings based on the descriptive and inferential statistics analysis were presented under the following headings.

Section - I : Description of demographic variables of cancer patients.

Section - II : Distribution of stress among cancer patients.

Section - III : Description of statistical value of effectiveness of guided imagery technique on stress level of cancer patients.

Section - IV : Association of selected demographic variables with the stress level among cancer patients.

SECTION - I

Table. 2 Description of Demographic Variables of Cancer Patients

(n = 50)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	**Age in years**		
	a) 25-30yrs	2	4
	b) 30-35 yrs	19	38
	c) 36 and above	29	58
2.	**Sex**		
	a) Male	31	62
	b) Female	19	38
3.	**Education**		
	a) Illiterate	10	20
	b) Primary	25	50
	c) Secondary	13	26
	d) Graduate	2	4
4.	**Occupation**		
	a) Housewife	13	26
	b) Coolie	10	20
	c) Government job	2	4
	d) Private job	3	6
	e) Unemployed	22	44

(Table 1 continues)

(Table 1 continued)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
5.	**Type of family**		
	a) Single	43	86
	b) Joint family	7	14
	c) Extended family	0	0
6.	**Monthly income**		
	a) ≤ ₹. 5000 Rs	8	16
	b) ₹. 50001 – 10,000	33	66
	c) ₹. 10,001- 20,000	9	18
	d) ≥ ₹. 20,000	0	0
7.	**Marital status**		
	a) Married	39	78
	b) Unmarried	5	10
	c) Divorce	2	4
	d) Widow	4	8
8.	**Religion**		
	a) Hindu	20	40
	b) Muslim	19	38
	c) Christian	11	22
9.	**Area of residence**		
	a) Rural	17	34
	b) Urban	19	38
	c) Semi urban	14	28

The table 1 reveals the distribution of demographic variables

- Regarding the age of the cancer patients, 2 (4%) were among 25-30 years, 19(38%) were 30-35yrs, 29 (58%) were majority 36years and above.

- While considering the sex of the cancer patients, 31(62%) were male and 19(38%) were female.

- About educational status of the cancer patients 10(20%) were illiterate 25(50%) were primary school education, 13 (26%) were secondary school education and 2(4%) were graduate.

- Considering the occupation of the cancer patients 13 (26%) were housewife, 10(20%) were coolly, 2(4%) were Government job and 3(6%) was private job and 22(44%) were unemployed.

- Regarding the type of family of the cancer patients 43(86%) majority were nuclear, 7(14%) was joint family.

- While considering the monthly income of the cancer patients 8(16%) were below ₹. 5000, 33(66%) were between ₹. 5001-10,000, 9(18%) were between ₹. 10,001-20,000.

- Considering marital status of the cancer patients, 39(78%) majority were married, 9(18%) were unmarried and 2(4%) were divorced 4(8%) were widow

- About the religion of the cancer patients 20(40%) were Hindu,19(38%) were Muslim and 11(22%) were Christian

- Regarding the area of residence of the cancer patients 17(34%) were rural, 19(38%) were urban and 14(28%) were semi-urban.

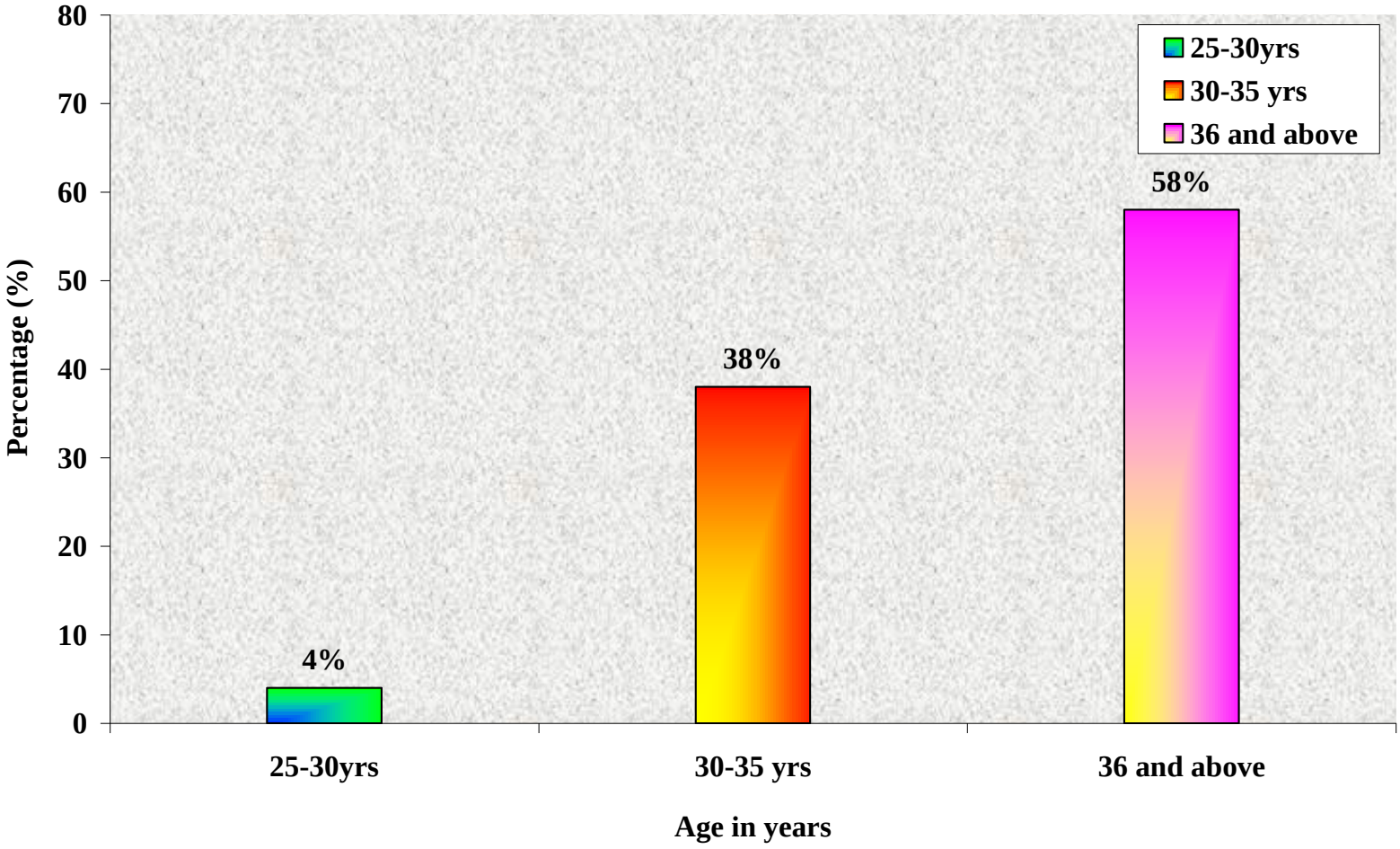

Figure. 5 Distribution of Demographic Variables According to the Age of Cancer Patients

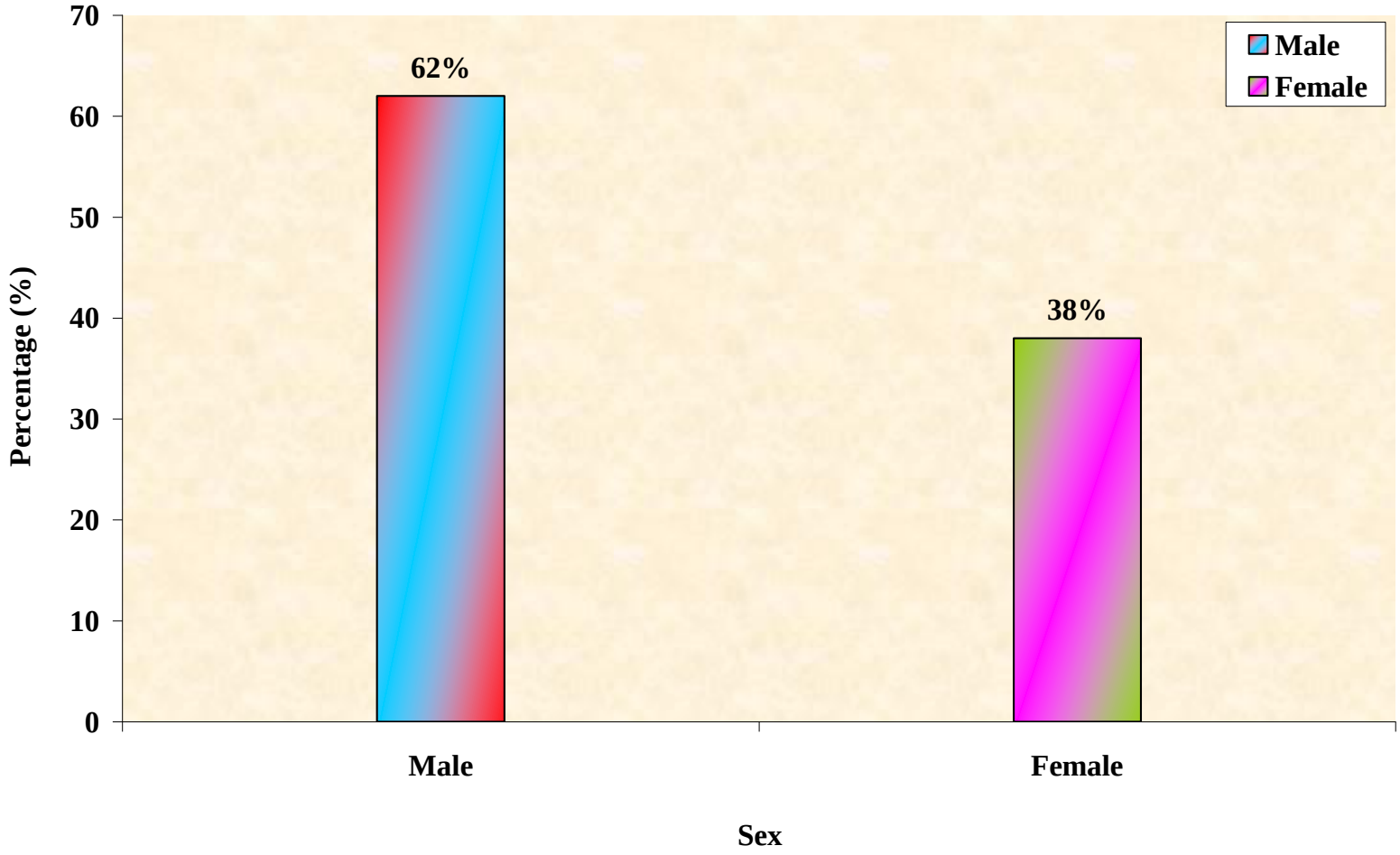

Figure. 6 Distribution of Demographic Variables According to the Sex of the Cancer Patients

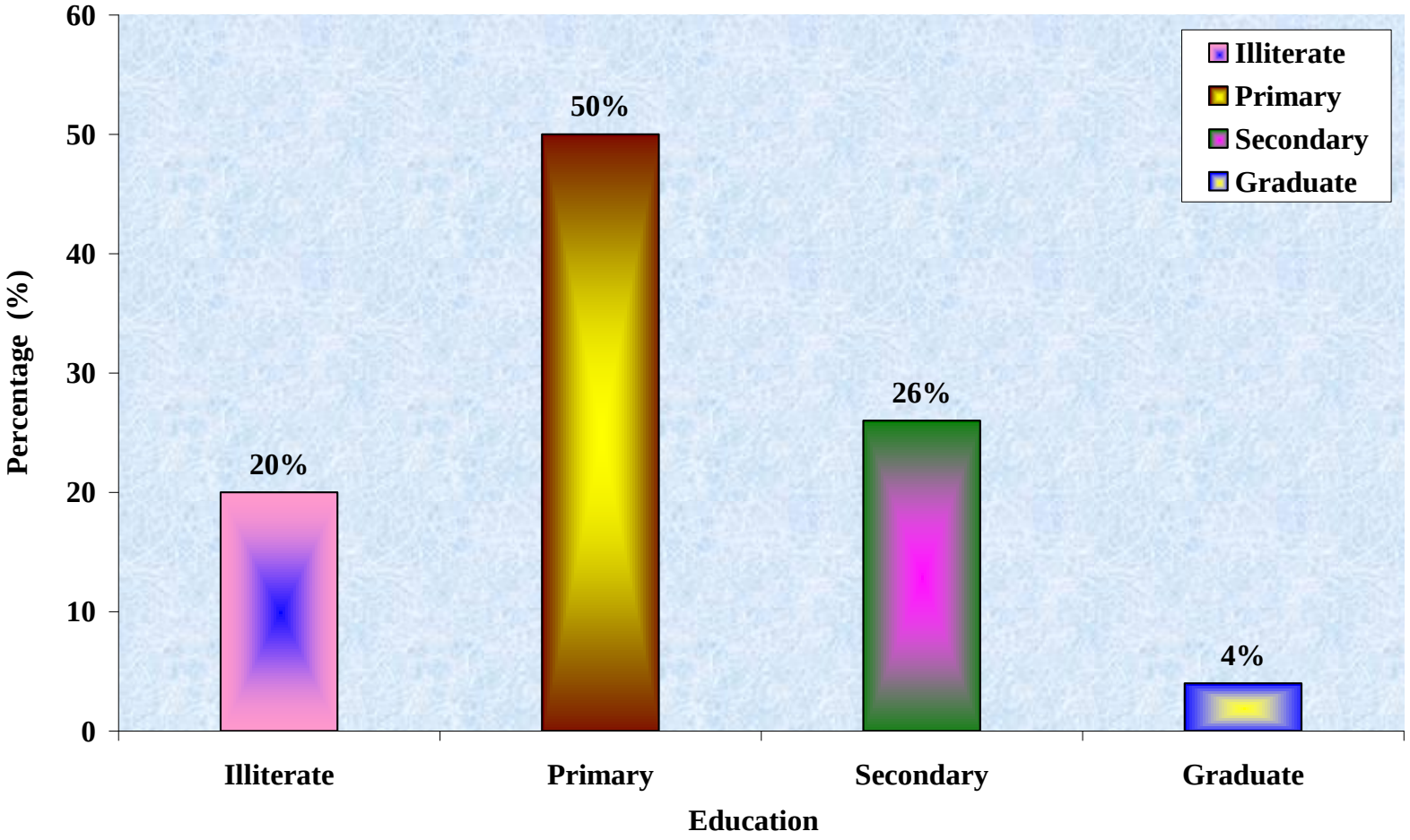

Figure. 7 Distribution of Demographic Variables According to the Education of the Cancer Patients

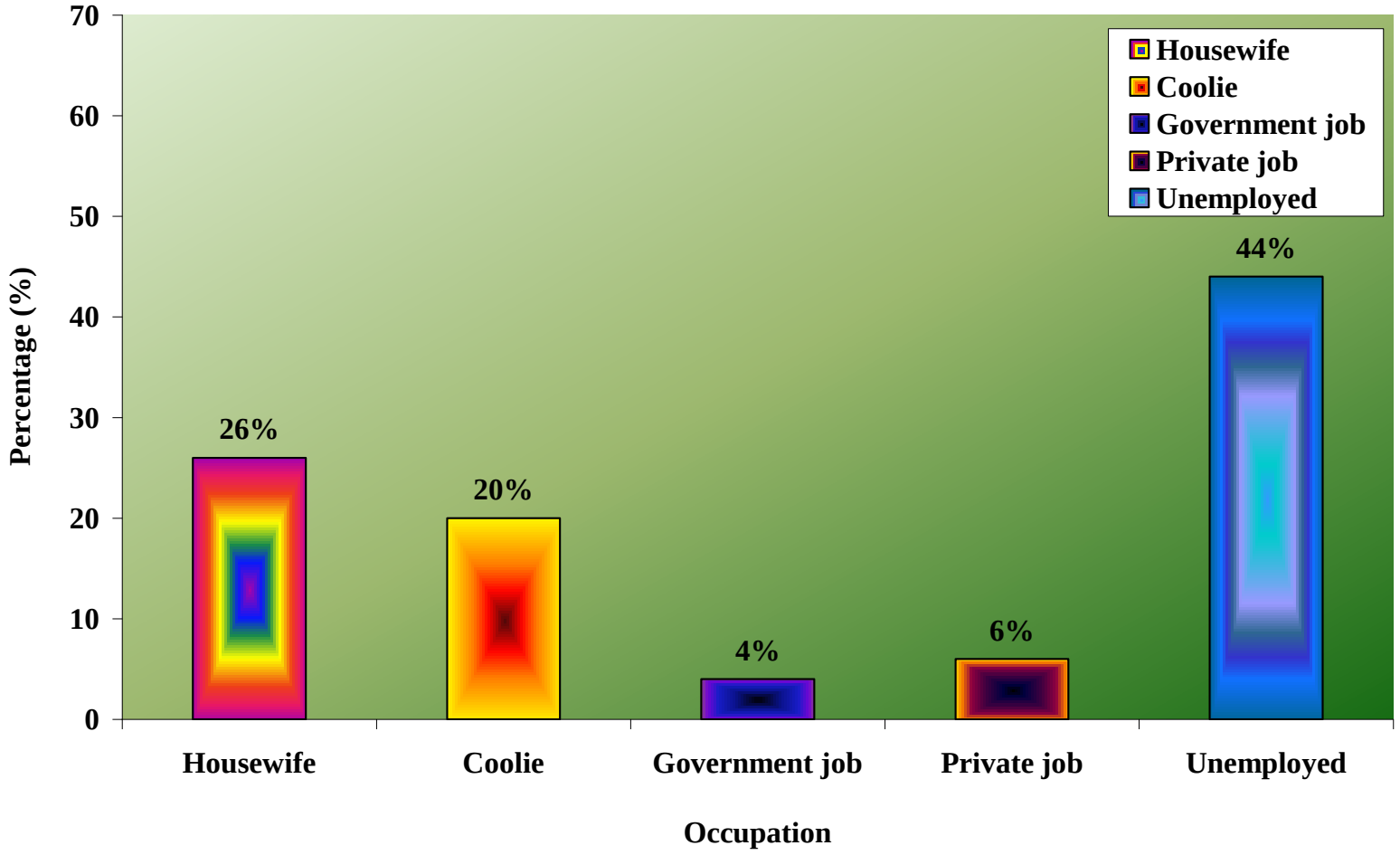

Figure. 8 Distribution of Demographic Variables According to the Occupation of the Cancer Patients

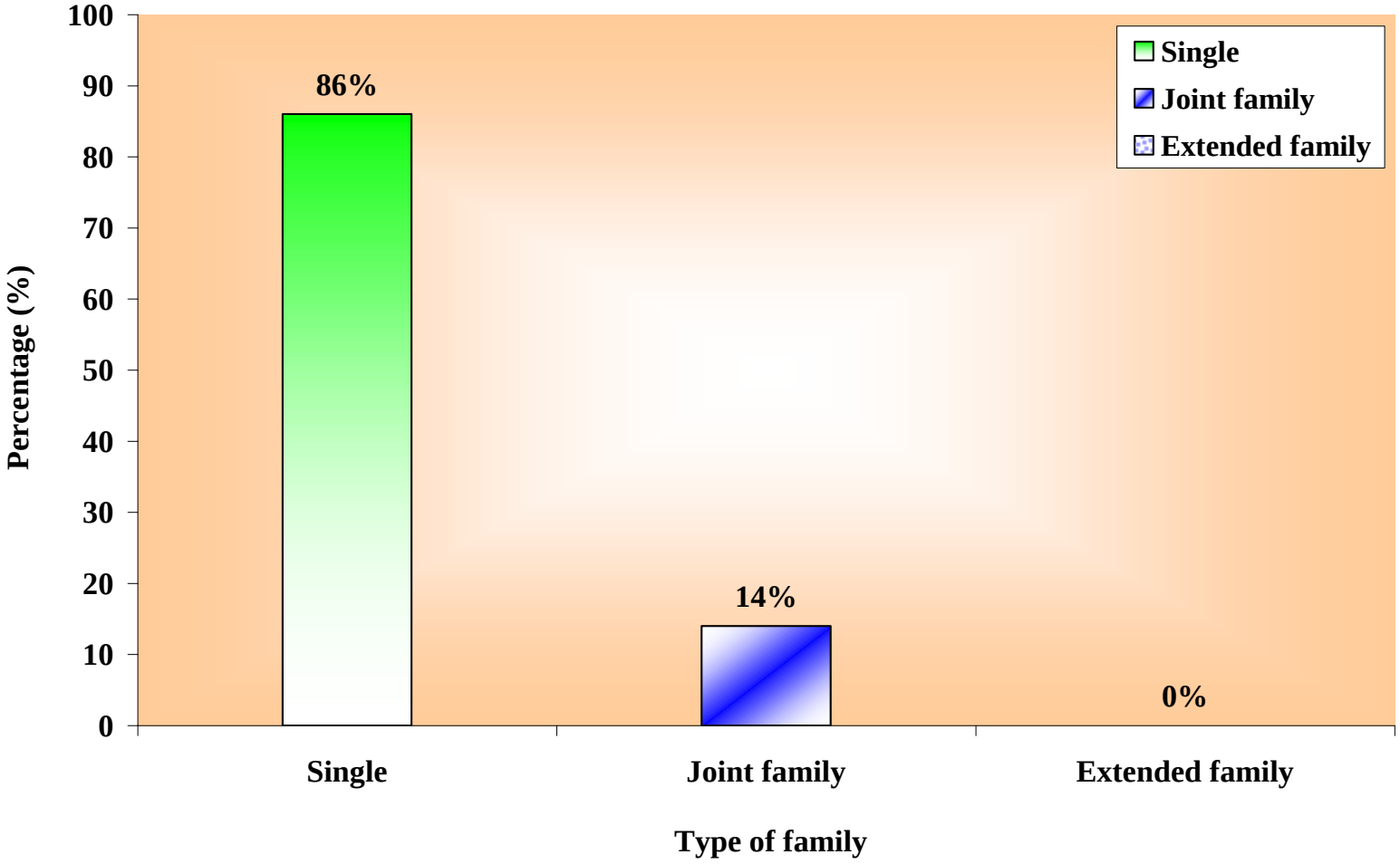

Figure. 9 Distribution of Demographic Variables According to the Type of Family of the Cancer Patients

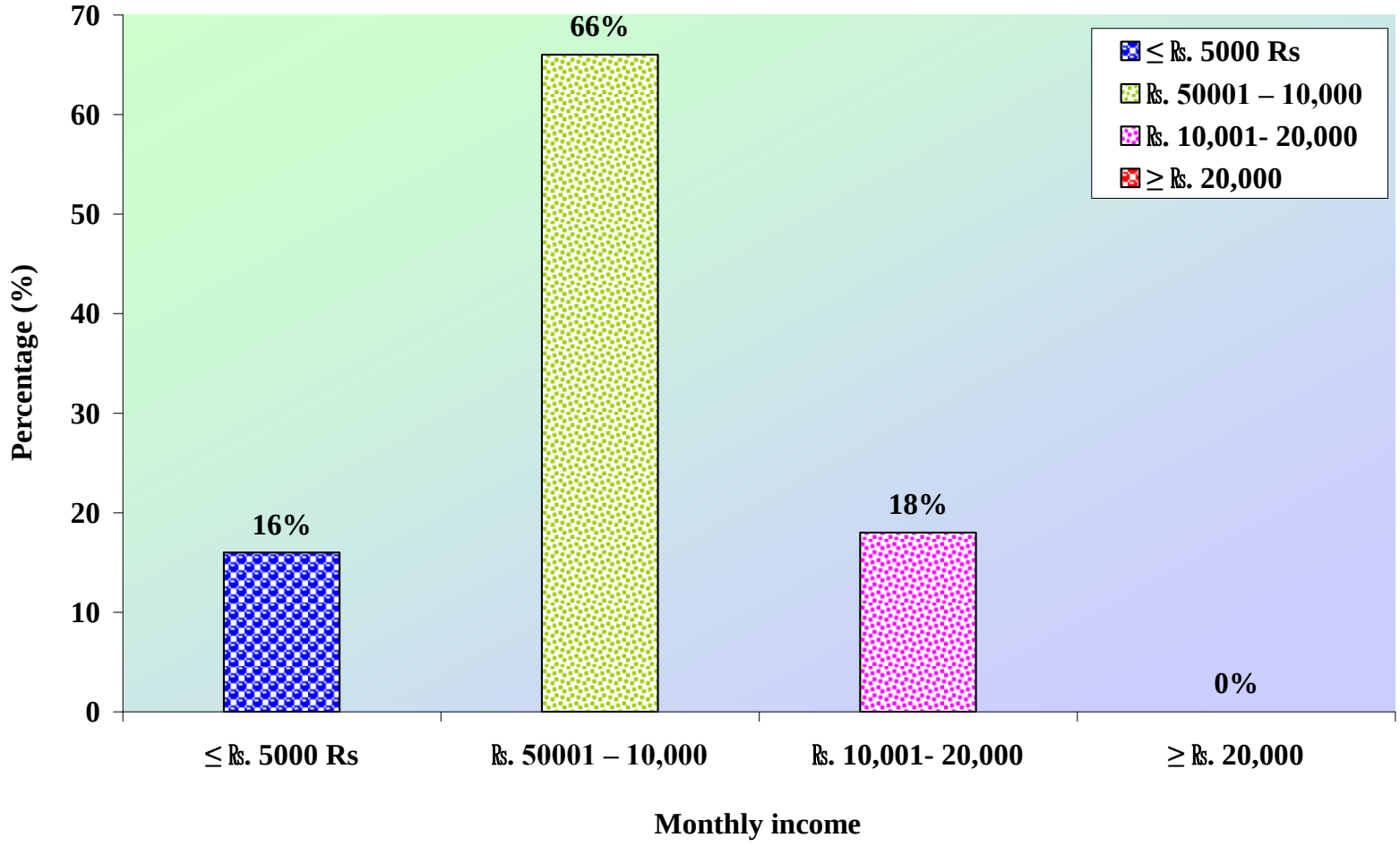

Figure. 10 Distribution of Demographic Variables According to the Monthly Income of the Cancer Patients

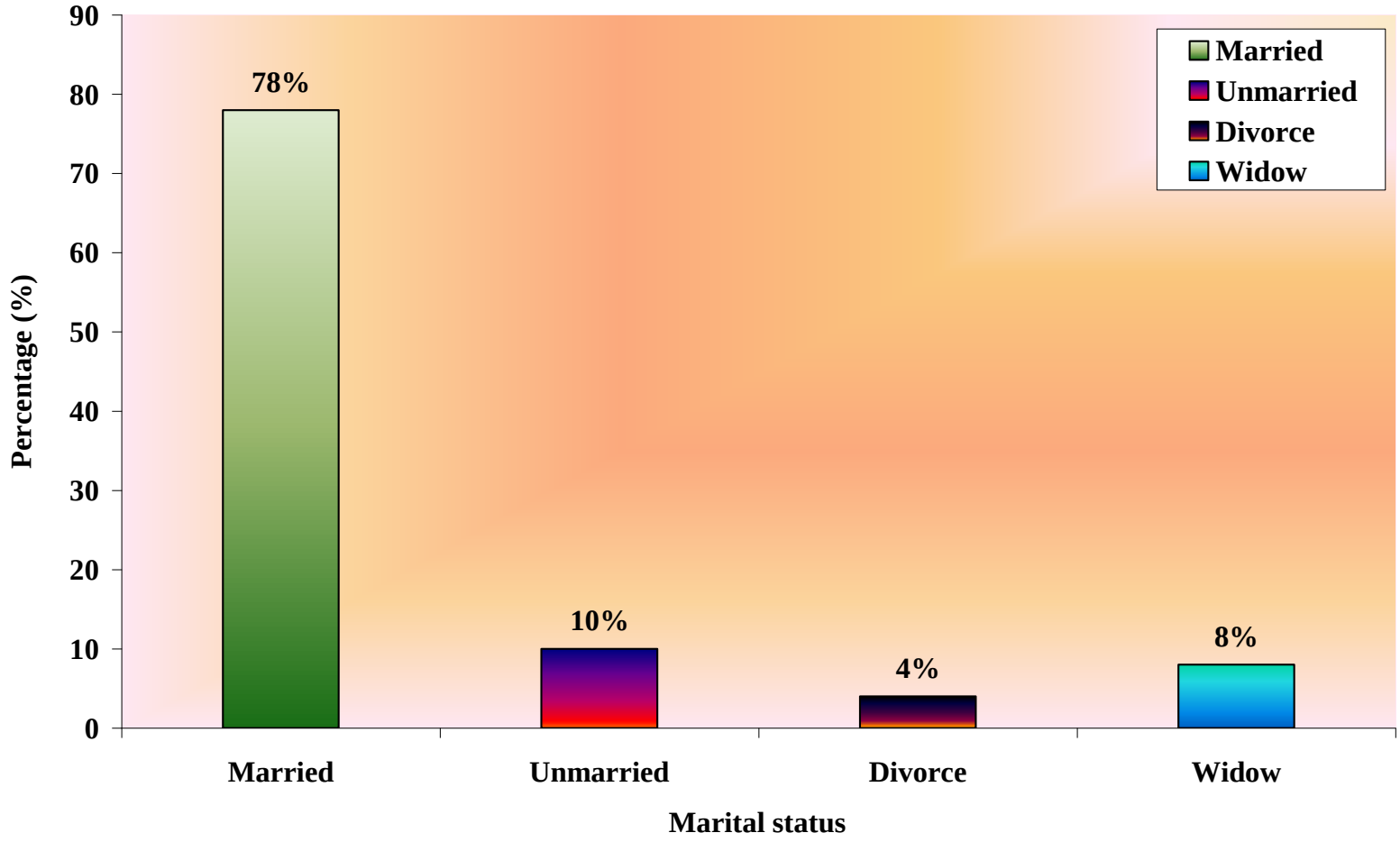

Figure. 11 Distribution of Demographic Variables According to the Marital Status of the Cancer Patients

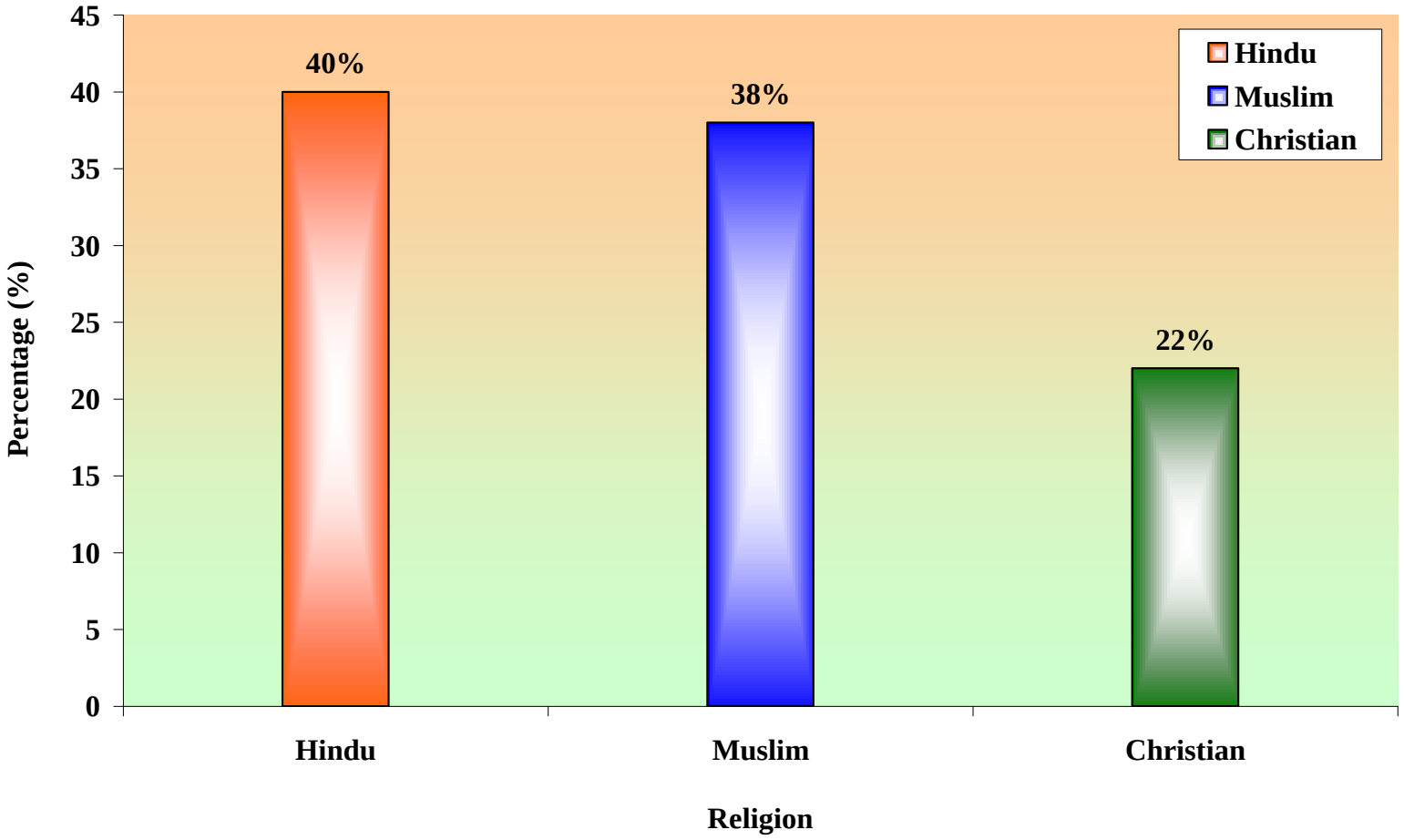

Figure. 12 Distribution of Demographic Variables According to the Religion of the Cancer Patients

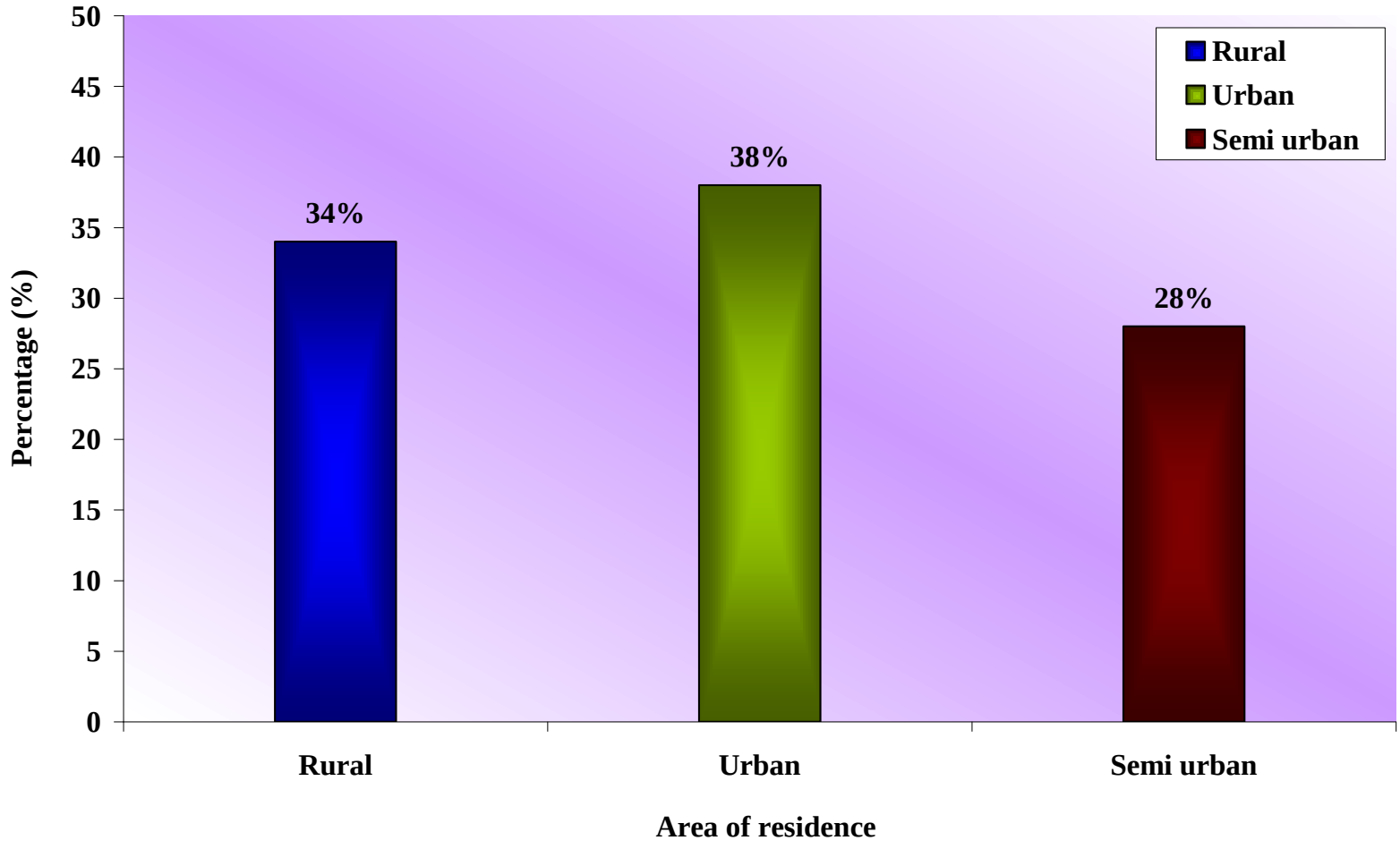

Figure. 13 Distribution of Demographic Variables According to the Area of Residence of Cancer Patients

SECTION – II

Table. 3 Frequency and Percentage Distribution of Pre-test and Post-test Score on Stress Among Cancer Patients

(n = 50)

S. No.	Level of Stress	Pretest		Post test	
		f	**%**	**f**	**%**
1.	Mild stress (0-30)	-	-	9	18
2.	Moderate stress (31 -60)	10	20	28	56
3.	Severe stress (61-90)	40	80	14	28
4.	Profound stress (91-120)	-	-	-	-

Table 3 shows the Frequency and Percentage distribution of Pre-test and Post-test Score on stress on cancer patients. During the pre test 10 (20%) of cancer patients had moderate stress and 40(80%) of cancer patients had severe stress. During the post test 9(18%) were mild stress, 28(56%) were moderate stress, 14(28%) were severe stress. It shows that the guided imagery was effective on reducing stress among cancer patients.

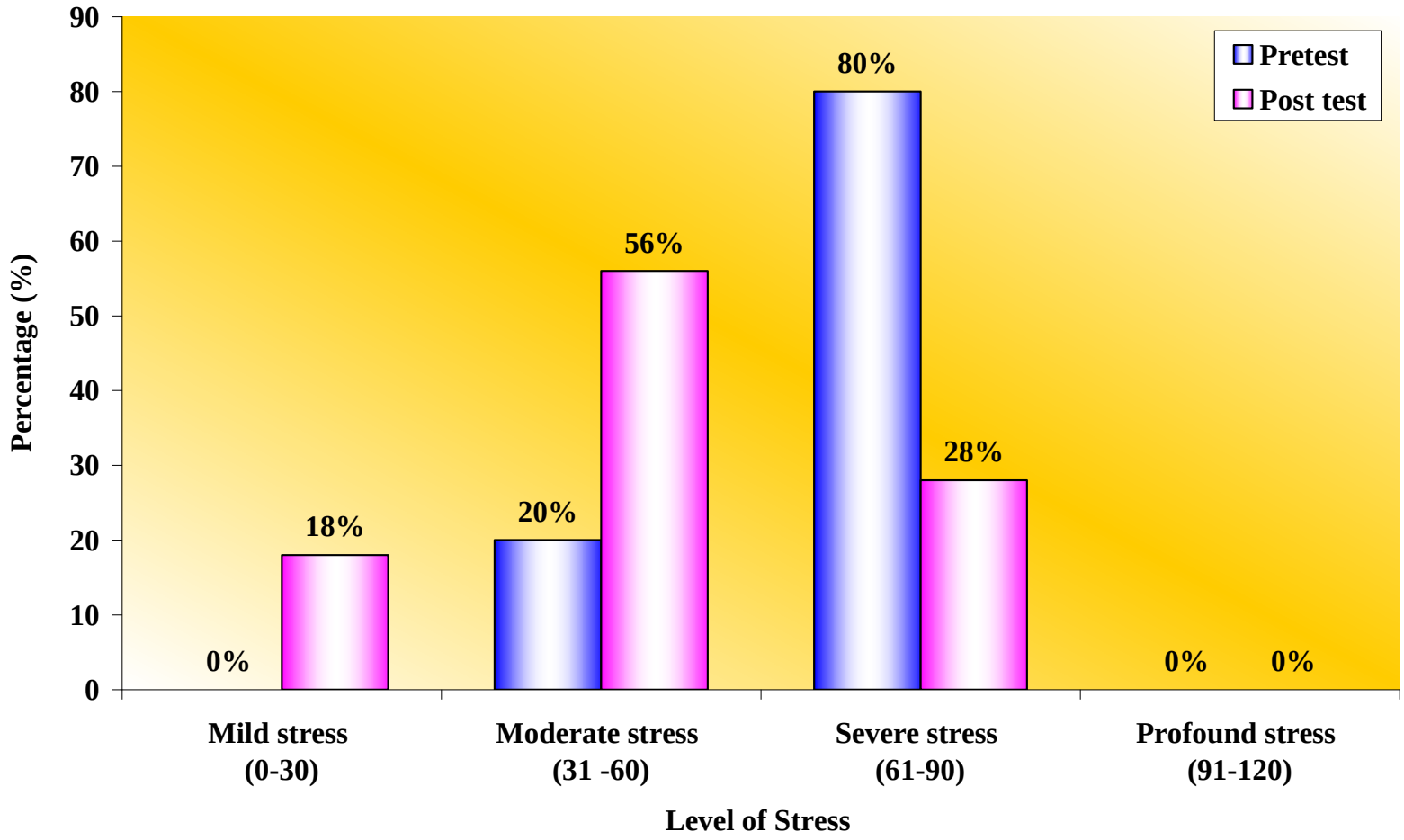

Figure. 14 Percentage Distribution of Pretest and Post Test Score on Stress Among Cancer Patients

SECTION - III

Table. 4 The Effectiveness of Guided Imagery Technique on Stress Among Cancer Patients

(n = 50)

S.No.	Assessment of Stress Level	Mean	S. D	't' value
1.	Pretest	66.04	7.11	9.513*
2.	Post test	53.22	13.07	

*Significant at 0.05 level TV:1.6766 df:49

Table 3 shows the mean stress score in pretest was 66.04 and in post test was 53.22. The calculated 't value was 9.513 at 49 degree of freedom and significant at 0.05 level. It reveals that there was significant difference exist between pretest and post test score on stress level. It highlights that the guided imagery technique has significant effect on stress among cancer patients.

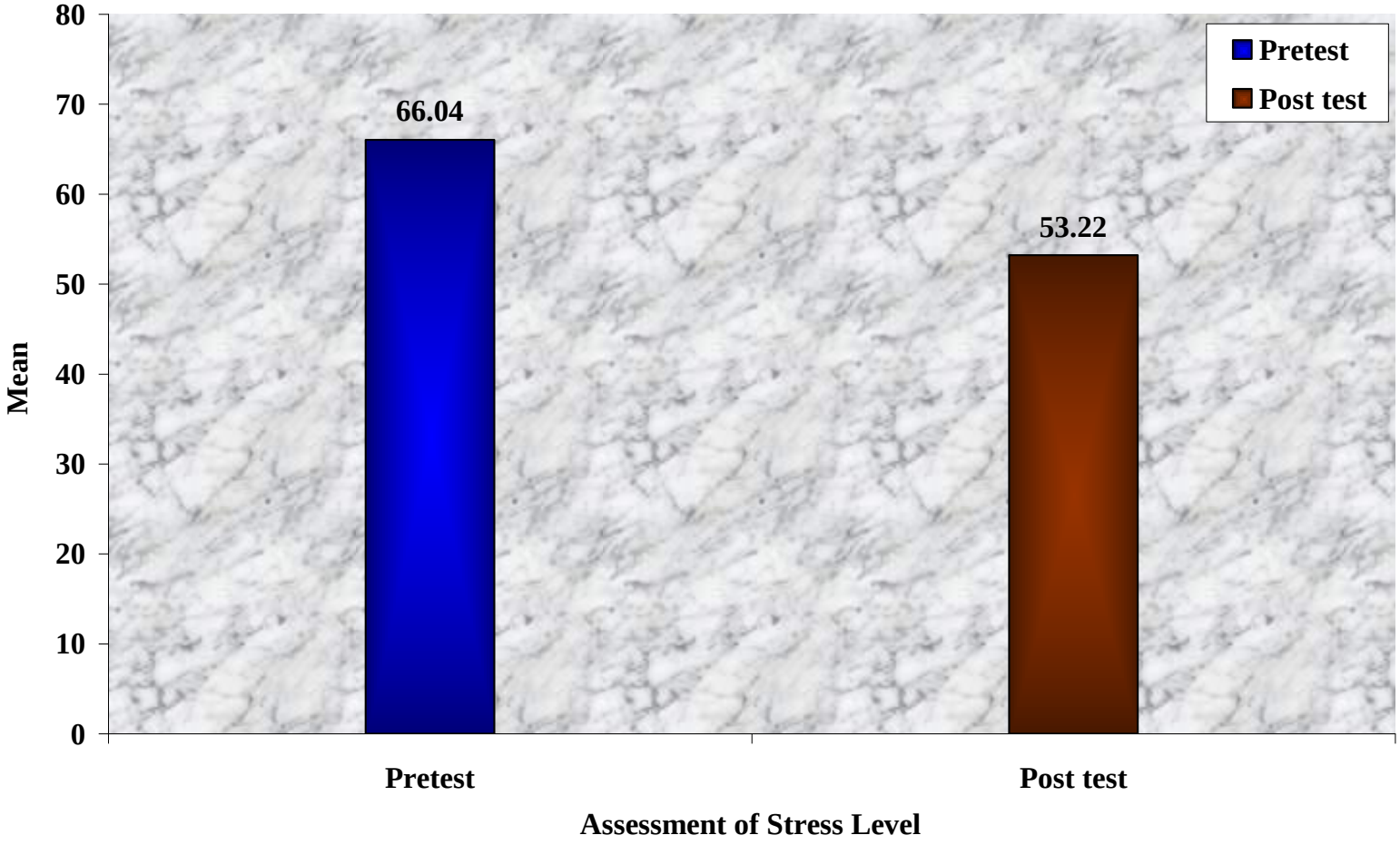

Figure. 15 Distribution of Statistical Mean Value of Pretest and Post Test Score Regarding Stress Among Cancer Patients

SECTION - IV

Table. 5 Association of Demographic Variables with the Post Test Score of Stress Among Cancer Patients

(n = 50)

S.No.	Demographic Variables	Below Mean	Above Mean	df	χ^2
1.	**Age in years**				
	a) 25-30yrs	1	1		
	b) 30-35 yrs	15	4	2	1.381
	c) 36 and above	19	10		
2.	**Sex**				
	a) Male	23	8	1	0.681
	b) Female	12	7		
3.	**Education**				
	a) Illiterate	6	4		
	b) Primary	17	8	3	1.7882
	c) Secondary	6	7		
	d) Graduate	1	1		
4.	**Occupation**				
	a) Housewife	6	7		
	b) Coolie	6	4	5	0.60968
	c) Government job	1	1		
	d) Private job	2	1		
	e) Unemployed	10	12		
5.	**Type of family**				
	a) Single	31	12		
	b) Joint family	4	3	2	0.23309
	c) Extended family	0	0		

(Table 5 continues)

(Table 5 continued)

S.No.	Demographic Variables	Below Mean	Above Mean	df	χ^2
6.	**Monthly income**				
	a) ≤ ₹. 5000	7	1		
	b) ₹. 5001-10,000	22	11	3	1.3744
	c) ₹. 10,001-20,000	6	3		
	d) ≥ ₹. 20,000	0	0		
7.	**Marital status**				
	a) Married	28	11		
	b) Un married	3	2	3	0.726
	c) Divorce	1	1		
	d) Widow	3	1		
8.	**Religion**				
	a) Hindu	11	9		
	b) Muslim	15	4	2	5.812
	c) Christian	9	2		
9.	**Area of residence**				
	a) Rural	11	6		
	b) Urban	14	5	2	0.3613
	c) Semi-rural	10	4		

Table 5 shows the association of demographic variables with the post test stress score of cancer patients. The obtained χ^2 value for age, sex, educational status, occupation, and type of family, monthly income, marital status, religion and area of residence were not associated with the post test score of stress of cancer patient's. Thus the present study shows that there is no significant association between the post test score of stress of cancer patients.

CHAPTER – V

Results and Discussion

The study aimed to assess the effectiveness of guided imagery on stress among cancer patients at Ashwin Hospital, Coimbatore. Stress is the silent killer which can lead to the state of unhealthy body and mind. Hence it was presumed that educating the patients regarding guided imagery would help them to relieve their discomfort related to stress which in turn would promote their health

This is one group pre and post experimental study intended to assess effectiveness of guided imagery on stress among cancer patients. The result of this major study were discussed according to the objective

The First Objective of the Study was to Assess the Level of Stress Among Cancer Patients

Modified stress scale was used to assess the stress level among cancer patients before and after practicing guided imagery. Before administration of guided imagery 10(20%) had moderate stress, 40(80%) had severe stress. While after administration of guided imagery, 9(18%) had mild stress, 28(56%) had moderate stress and 14(28%) had severe stress and none of them had profound stress.

Eisses, et.al, (2010) conducted a cross- sectional and longitudinal study on prevalence and incidence of stress among cancer patients in Drenthe, Netherland. Out of 479, 295 non- stress subjects were estimated the incidence rate after six months. The results showed the prevailing of major stress was 4.1% and the same rate was

found for minor stress. The 6 month incidence of major and minor stress combined was 2.1%. The prevalence rate for post traumatic disorders obtained was twice as high as reported where as the rate was lower than those usually found in general population.

The Second Objective of the Study was to Illustrate Guided Imagery Technique for Cancer Patients

The samples were selected by using convenient sampling technique, a type of non-probability sampling method. On the first day the patients were assessed for stress level by using modified stress scale. Then the participants were given guided imaginary technique for about 10-15 minutes. After 21 days post test was conducted using the same modified stress scale to assess the stress level of cancer patients.

Jones. E. D (2011) conducted a study to determine the effects on visualization and guided imagery on patients with bowel cancer. The study included 30 patients using a pre test- post test, quasi experimental design. The convenience sample of women 30 women (M=81.7 years).stress was measured using stress scale. The findings of this study suggest that guided imagery was an effective treatment in managing stress, anxiety and depression for people with cancer.

The Third Objective of the Study was to Evaluate the Effectiveness Guided Imagery Technique Among Cancer Patients

In pretest the mean stress score was 66.04, SD 7.11and in post test the mean score was 53.22, SD 13.07. At 49 degree of freedom P at 0.05 level of significant, the calculated “t” value was 9.513 (TV:1.6766),hence the calculated value was high when

compared with the table value. it shows the guided imagery has significant effect on stress among cancer patients.

Chao Shu, Tsung, et.al, (2012) conducted a quasi experimental study to find out the effect of group guided imagery on cancer patients stress. (N=24) with 12 control group and 12 experimental group. Stress scale was used to measure the stress level at the end of the study 75% of cancer patients reduced their stress using guided imagery. Result showed guided could help in managing stress for people with cancer.

The Fourth Objective of the Study was to Find Out the Association Between the Selected Demographic Variables with the Post Test Stress Among Cancer Patients

Chi-square test was used to find out the association of demographic variables with the post test stress score among cancer patients.

The demographic variables with the post test stress score of cancer patients. The obtained χ^2 value for age, sex, educational status, occupation, type of family, monthly income, marital status, religion and area of residence were not associated with the post test score of stress among cancer patients. Thus the present study shows that there is no significant association between the post test score of stress among cancer patients.

Ankur Baruna (2010) conducted an experimental study to measure the effectiveness of customized guided imagery for decreasing stress in women at an early stage of breast cancer. Fifty three women (26 in the experimental group, 27 in

the control group) aged 37-81 years were randomly assigned. The experimental group was to listen to a guided imagery audio tape once a day for the duration of the study and the radiation therapy stress questionnaire was self administered at three points prior to the introduction of intervention and the beginning of radiation therapy. The results of the study showed that there was significant differences between the control and experimental group and also stated that guided imagery is an effective intervention for reducing stress of women for early stage breast cancer.

CHAPTER – VI

Summary, Conclusion, Nursing Implications, Limitations and Recommendation

Summary

Stress is the most common psychological disturbance among cancer patients, health care providers especially nurses is playing a vital role in reducing the stress. Restlessness, irritability, poor communication, loneliness, family problems are the major signs and symptoms of stress. There are various studies conducted by health professionals to provide comfort and relaxation of mind from stress. Keeping this in view a study conducted to assess the effectiveness of guided imagery to relieve stress among cancer patients.

The purpose of the study was to reduce the stress level of cancer patients and make them able to cope with the stressors and also to reduce the unfamiliar effects of stress in physical, communicational, family and psychological symptoms.

The Following Objectives were Set for the Study

- To assess the level of stress among cancer patients
- To demonstrate the guided imagery technique among cancer patients
- To evaluate the effectiveness of guided imagery technique on stress among cancer patients.
- To associate selected demographic variables with post test stress score

Hypothesis Set for the Study

There is a significant difference between pre-test and post-test stress level among cancer patients before and after administration of guided imagery technique.

Major Findings of the Study were as Follows

In Pretest

- 10(20%) cancer patients had moderate stress.
- 40(80%) cancer patients had severe stress.

In Post Test

- 9(18%) cancer patients had mild stress
- 28(56%) cancer patients had moderate stress
- 14(28%) cancer patients had severe stress
- The pretest mean stress score was 66.04,SD 7.11
- The post test mean depression score was 53.22,SD 13.07
- At 49 degree of freedom the calculated' value was 9.513(TV: 1.6766). Hence the calculated value was high when compared with the table value. It shows that the level of stress had improved significantly after guided imagery.

Conclusion

Cancer patients experience mild to moderate stress that will affect the quality of life. Complementary therapies are employed to reduce the stress. Guided imagery technique is such a complementary therapies for reducing the discomfort. In this study with the administration of guided imagery technique shows difference on stress among cancer patients.

Nursing Implications

Stress is one of the main causes for physical and mental illness. Relaxation technique is very useful and cost effective technique to reduce stress. Guided imagery is a type of relaxation technique found to be effective in reducing stress. Practice emerges from researches and evidence based practice improve the quality of nursing care. The finding of the study has several implications for the following fields.

Nursing Practice

- Guided imagery can be used to reduce the level of stress among cancer patients.
- Nursing personnel's are in the position to teach the therapy to different clients who are experiencing stress.
- A live demonstration can be arranged in hospital regarding guided imagery to reduce the level of stress among different groups of patients.
- Health promotion is a vital function of the nurse and nurses can teach guided imagery among clients to themselves from stress. Guided imagery can be used as a health promotion strategy in nursing practice.
- Nurse should focus on psychiatric rehabilitation in the community setting by using guided imagery.

Nursing Administration

- Nurse administrator must plan for hospital based stress reduction programs for nurses and clients.
- Cassettes about guided imagery can be made available to nursing staff in the wards and to nurse educators in nursing educational institution

- Clinical nurses and nurse educators should be given in-service education to update their knowledge regarding guided imagery to reduce the level of stress in their work place.
- Charts regarding guided imagery can be put up in the institutions. So that this will motivate the people to do guided imagery.
- Nurse administrator can formulate instructional program with guided imagery for various age group which will have a cost beneficial effect in community setting.

Nursing Education

- The study has clearly proved that guided imagery was effective in reducing the level of stress of cancer patients. To practice this, nursing personnel need to be needed to be equipped with adequate knowledge and practice regarding guided imagery.
- Emphasis must be given in the curriculum regarding the use of guided imagery to reduce stress
- Periodic conference, seminars, workshops and symposium can be arranged regarding alternative and complementary therapies to make nursing professionals competent enough to meet over changing needs of the society
- The curriculum of nursing education should enable the student nurses to equip themselves within the knowledge of clients regarding treatment regimen.
- The nurse educator should provide in-service education to the nursing personnel to update their knowledge.

Nursing Research

- Extensive research must be conducted in this area to identify the effectiveness of guided imagery in reducing the level of stress
- This study can be a base line for the further study to build upon.
- Practice emerges from research and evidence based practice improve the quality of nursing care. This study focuses on improving the quality of nursing care of patients with stress. Research adds values to the comprehensive and holistic care. The nurse who practice on the service side needs to be educated about this and in turn can educate the patients the evidence based practice and can involve in this type of research.

Limitations

- The cancer patients shows less co-operation to practice guided imagery technique
- There is dropout of samples, thus it affect the continuity of study.

Recommendations

- A similar study can be conducted for a large group to generalize the study
- A comparative study can also be done to evaluate progressive muscle relaxation and guided imagery in terms of stress reduction among cancer patients.
- A study can be undertaken to find out the knowledge of nurses and nurse educator regarding guided imagery to reduce the level of stress.
- A study can be undertaken to find out the role of nurse in assessments of stress.
- A similar study can be conducted in other fields.

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ABSTRACT

Statement of the Problem: A study to assess the effectiveness of guided imagery technique on stress among Cancer patients at a Selected Hospital, Coimbatore. **Objectives: a)** To assess the level of stress among cancer patients. **b)** To demonstrate guided imagery technique among cancer patients. **c)** To evaluate the effectiveness of guided imagery technique on stress among cancer patients. **d)** To find out the association between the selected demographic variables with the post test stress score. **Methodology :** The sample size of the present study is 50 cancer patients. Convenient sampling technique was a type of non probability sampling method adopted for the selection of the samples. **Results :** Descriptive and inferential statistics were used to analyze the values. The obtained 't' value for the level of stress among cancer patients after performing guided imagery technique was 9.513. **Conclusion :** The level of stress among cancer who underwent guided imagery technique was significantly reduced.

P.P.G COLLEGE OF NURSING

(A Unit of P. Perichi Gounder Memorial Charitable Trust)
(Affiliated to the Tamilnadu Dr. MGR Medical University)
(Approved by Government of Tamilnadu)
(Recognised by Indian Nursing Council)
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E-mail: aswinhospital@touchtelindia.net * Website: www.ppgcollege.org

To

Through

The Principal,

PPG College of Nursing

Coimbatore – 35.

Respected Sir,

Sub : Seeking permission for conducting research study

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Mental Health Nursing.

Topic : **A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY TECHNIQUE ON STRESS AMONG CANCER PATIENTS AT A SELECTED HOSPITAL, COIMBATORE**

I request you to kindly permit me to conduct my study in your institutions. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

Requisition Letter for Content Validity

From

M.Sc (N) II Year,
PPG College of Nursing,
Coimbatore – 35.

To

Through : Principal, PPG College of Nursing

Respected Sir/Madam,

Sub : Requisition for expert opinion and suggestion for content validity of tool

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting

A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY TECHNIQUE ON STRESS AMONG CANCER PATIENTS AT A SELECTED HOSPITAL, COIMBATORE

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

PPG College of Nursing

Format for the Content Validity

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

LIST OF EXPERTS

1. **Dr. RAJENDRAN. M.D)**

   Consultant Psychiatrist,

   Ashwin Hospital,

   Coimbatore.

2. **Prof. VANITHA.M.SC (N)**

   Gokulam College of Nursing,

   Coimbatore.

3. **Prof. NUZIBA BEGUM M.SC(N)**

   Sri Ramakrishna College Of Nursing,

   Coimbatore.

4. **Prof. TAMILSELVI M.SC(N)**

   K.G College Of Nursing,

   Coimbatore.

5. **Prof. JAMUNA RANI (M.SC)**

   KMCH College of Nursing,

   Coimbatore.

SECTION – A

Demographic Variables

Instructions

Read the following question carefully and give tick (✓) in a given boxes for correct answers.

Sample No. _____

1. Age in years
    a) 25-30 ☐
    b) 30-35 ☐
    c) 35 and above ☐

2. Sex
    a) Male ☐
    b) Female ☐

3. Educational status
    a) Illiterate ☐
    b) Primary school education ☐
    c) Secondary school education ☐
    d) Graduate and above ☐

4. Occupation
    a) House wife ☐
    b) Coolie ☐
    c) Government employee ☐
    d) Private employee ☐
    e) Unemployed ☐

5. Type of family

    a) Nuclear family ☐

    b) Joint family ☐

    c) Extended family ☐

6. Monthly income of the family

    a) ≤ ₹. 5000 ☐

    b) ₹. 50001 – 10,000 ☐

    c) ₹. 10,001 – 20,000 ☐

    d) ≥ ₹. 20,000 ☐

7. Marital status

    a) Married ☐

    b) Single ☐

    c) Divorce ☐

    d) Widow / widower ☐

8. Religion

    a) Hindu ☐

    b) Christian ☐

    c) Muslim ☐

9. Area of residence

    a) Urban ☐

    b) Semi urban ☐

    c) Rural ☐

SECTION – B

Tool to Assess the Stress of Cancer Patients

Instruction

Read the following question carefully and give tick (✓) for in a given boxes for correct answers.

S.No.	Statement	Response			
		0 Never	**1 sometimes**	**2 Often**	**3 Always**
I	**Physical stress**				
1.	I suffer from head ache				
2.	I have frequent attack of chest pain				
3.	I have poor appetite				
4.	I sweat without reason				
5.	I don't get adequate sleep				
II	**Communication Stress**				
6.	I don't interrupt when others talk				
7.	I don't argue with others				
8.	I speak slowly				
9.	I consider the feelings of others while taking				
10.	I feel disturbed while others ask question to me				
III	**Family Stress**				
11.	I quarrel with family members				
12.	I feel that someone of the family is against me				
13.	I am not being loved by family				

	members				
14.	I have family problems				
15.	I discuss my problems with family members				
IV	**Psychological Stress**				
16.	I do things in hurry				
17.	I had to bear injustice silently				
18.	I get angry soon				
19.	I don’t lose opportunity to help others				
20.	I am a patient listener				
21.	I am willing to accept my problem				
22.	At times I feel like destroying every thing				
23.	I scared of my future				
24.	I hate criticism				
25.	I feel anxious				
26.	I feel frustrated				
27.	I regret for what has happened				
28.	I feel overwhelmed to balance different responsibilities				
29.	I feel calm				
30.	I am happy				
31.	I am confident				
32.	I feel worthless				
33.	I feel tensed on thinking about my problems				
34.	I pray regularly				
35.	I watch movies and plays				
36.	I don’t reveal secret to others				

37.	I feel devaluated in family				
38.	I feel disturbed on an unexpected expenditure				
39.	I practice relaxation technique				
40.	I am sorry				

Grading of Stress

Level of stress	**Stress score**
Mild	0-30
Moderate	31-60
Severe	61-90
Profound	91-120

பிரிவு - அ

பின்வரும் கேள்விகளை நன்றாக வாசித்து சரியான விடையை அதற்கான கட்டத்தில் (✓)குறிப்பிடவும்.

1. வயது

    அ. 25-30 ☐

    ஆ. 30-35 ☐

    இ. 36 மற்றும் அதற்கு மேல் ☐

2. பாலினம்

    அ. ஆண் ☐

    ஆ. பெண் ☐

3. கல்வி நிலை

    அ. படிப்பறிவில்லாதவர் ☐

    ஆ. ஆரம்ப நிலைக்கல்வி ☐

    இ. இடைநிலைக்கல்வி ☐

    ஈ. பட்டப்படிப்பு மற்றும் அதற்கு மேல் ☐

4. தொழில்

    அ. குடும்பத்தலைவி ☐

    ஆ. கூலி வேலை ☐

    இ. தினச்கூலி ☐

    ஈ. அரசு வேலை ☐

    உ. தனியார் பணியாளர் ☐

5. குடும்ப வகை

அ. தனிக்குடும்பம் ☐

ஆ. கூட்டுக் குடும்பம் ☐

இ. விரிவுபடுத்தப்பட்ட குடும்பம் ☐

6. மாத வருமானம்

அ. ₹.5000/-க்கு கீழ் ☐

ஆ. ₹.15,000/- 25,000/- க்கு கீழ் ☐

இ. ₹.2,000/- 3,000/-க்கு கீழ் ☐

ஈ. ₹.35,000/-க்கு மேல் ☐

7. திருமணத்தகுதி

அ. திருமணமானவர் ☐

ஆ. திருமணமாகதவர் ☐

இ. விவாகரத்து ஆனவர் ☐

ஈ. விதவை ☐

8. மதம்

அ. இந்து ☐

ஆ. கிறிஸ்தவர் ☐

இ. இஸ்லாமியர் ☐

9. வசிக்கும் இடம்

அ. நகரம் ☐

ஆ. சேரி ☐

இ. கிராமம் ☐

பிரிவு - ஆ

மன அழுத்தத்தை அளவிடுவதற்கான அளவுகோல்

வ.எண்	பொருளடக்கம்	இல்லை	சில பொழுது	எப்பொழுதாவது	எப்பொழுதும்
	உடலளவிலான அழுத்தம்				
1.	நான் தலைவலியினால் அவதிப்படுகிறேன்				
2.	எனக்கு அடிக்கடி நெஞ்சுவலி ஏற்படுகிறது				
3.	எனக்கு பசி இல்லை				
4.	காரணம் எதுவுமின்றி வியர்வை வெளியேறுகிறது				
5.	என்னால் சரிவர தூங்க இயலவில்லை.				
	தொடர்பு அழுத்தம்				
6.	பிறர் பேசிக்கொண்டிருக்கும் நேரத்தில் நான் கலந்துரையாடலில் ஈடுபட மாட்டேன்				
7.	நான் பிறரிடம் விவாதிக்க மாட்டேன்.				
8.	நான் மெதுவாக பேசுவேன்.				
9.	பிறர் பேசிக்கொண்டிருக்கும் பொழுது அவர்களது உணர்வை புரிந்து கொள்வேன்.				
10.	மற்றவர் என்னைகேள்வி கேட்டும் போது நான் எரிச்சலடைகிறேன்.				
	குடும்ப அழுத்தம்				
11.	நான் குடும்ப உறுப்பினருடன் சண்டை போடுகிறேன்.				
12.	குடும்ப உறுப்பினர்கள் எனக்கு எதிராக செயல்படுவதாக நான் நினைக்கிறேன்.				
13.	நான் குடும்ப உறுப்பினரால் நேசிக்கப்படவில்லை				

14.	எனக்கு குடும்ப பிரச்சனைகள் இருக்கிறது.				
15.	நான் என் குடும்ப பிரச்சனைகளை குடும்ப உறுப்பினருடன் கலந்தாலோசிக்கிறேன்.				
	மனதளவிலான அழுத்தம்				
16.	நான் அவசரமாக வேலை செய்வேன்				
17.	நான் அநீதியான செயல்களை அமைதியாக ஏற்றுக்கொள்வேன்				
18.	நான் சீக்கிரமாக கோபப்படுவேன்				
19.	மற்றவருக்கு உதவும் சந்தர்ப்பம் கிடைத்தால் நான் அதை நழுவ விட மாட்டேன்				
20.	நான் அமைதியாக கேட்பவன்.				
21.	நான் என் தவறுகளை ஏற்றுக்கொள்வேன்				
22.	சில நேரங்களில் நான் எல்லாவற்றையும் நாசப்படுத்துகிறேன்				
23.	நான் என் எதிர்காலத்தை நினைத்து பயப்படுகிறேன்				
24.	நான் மற்றவரை பழித்துரைத்தலை வெறுக்கிறேன்				
25.	நான் பயப்படுவதாக உணர்கிறேன்.				
26.	நான் என் மனதில் நெருக்கடி இருப்பதாக உணர்கிறேன்				
27.	இதுவரை செய்த எல்லா செயல்களுக்காகவும் நான் வருந்துகிறேன்				
28.	என் பிரச்சனைகள் என் கடமைகளை காட்டிலும் அதிகமாக உள்ளது				
29.	நான் அமைதியாக உணர்கிறேன்				
30.	நான் மகிழ்ச்சியாக இருக்கிறேன்				
31.	நான் நம்பிக்கை உள்ளவர்				
32.	நான் எதற்கும் உபயோகமில்லாதவர்				

33.	நான் எனது பிரச்சனைகளை நினைக்கும் போது எனக்கு மன அழுத்தம் ஏற்படுகிறது.				
34.	நான் தினமும் பிரார்த்தனை செய்கிறேன்				
35.	நான தொலைக்காட்சி பார்ப்பேன் மற்றும் விளையாடுவேன்.				
36.	நான் என்னுடைய இரசியங்களை மற்றவரிடம் பகிர்ந்து கொள்ள மாட்டேன்				
37.	என்னுடைய குடும்பத்தில் என்னை தவறாக புரிந்து கொண்டு இருக்கிறார்கள்.				
38.	என்னுடைய வருமானத்தில் எனக்கு திருப்தி இல்லை.				
39.	நான் தளர்வு நுட்ப பயிற்சிகள் செய்கிறேன்				
40.	நான் மன்னிப்பு கேட்கிறேன்.				

அழுத்தத்தின் தரம்

அழுத்தத்தின் நிலை	அழுத்தத்தின் அளவு
மிக குறைவு	0-30
மிதமான அல்லது நடுத்தரமான	31-60
தீவிரம்	61-90
ஆழ்ந்த	91-120

GUIDED IMAGERY PROTOCOL

Introduction

Guided imagery is a gentle but powerful technique that focuses and directs the imagination .Guided imagery is a traditional mind – body technique that is also considered as a form of hypnosis. Guided imagery offer tools to direct ones concentration on images held in mind's eye.

These therapies take advantage of the connection between the visual brain and involuntary nervous system. When this portion of the brain (the visual centre at the back of the head) is activated without receiving direct input from the eyes, it can influence physical and emotional states. This in turn can help elicit physiologic changes in the body including therapeutic goals.

Definition

Guided imagery is defined as the use of the imagination to bring about positive mind/ body responses

- (Rossman, 2000)

Principles

- The mind –body connection
- The altered state
- Locus of control

Kinds of Guided Imagery

- Feeling state imagery

- End state imagery
- Energetic imagery
- Cellular imagery
- Physiological imagery
- Met aphasic imagery
- Psychological imagery
- Spiritual imagery

Preparation by Client

- Loosen the clothing
- Take off others
- Sit comfortably in a chair
- Dim the lights
- Close the eyes
- Take in a few breaths
- When you feel relaxed , imagine a favorite scene

Guided Imagery Script

This is the time to be going complete relaxation….. a conscious effort to relax a completely as possible. First of all just close your eyes and get into a comfortable position as you can. For the next minutes, just concentrate on your breathing, then see your lungs, see how they feel, consciously see how they feel while they are completely expanded, and see how they feel after you exhale. This is not a time to be worrying about any of the things that are happening in your day –to day life. This is a time only for you and you can let it all go away.

Once again concentrate on your lungs. And if your mind drifts away, and you want to, just bring it slowly back to where you are or where you want it to be. Now perhaps, if you want to, pay attention to your left foot, and the toes on your left foot and your ankle, and let them all relax…..and all the cares and tensions of the day just drain down into the floor. Consciously let and relax.

And now pay attention, if you will to your shoulder. All the muscles of your right shoulder, completely relaxed. All the cares of the day drain away and leave you. And consciously check your right shoulder to see if there's any tension there. Think about it. And now all of the muscles and tendons of your right foot, and the toes of your foot and ankles, just let them relax. And now the calf of your right leg let it relax. And for this very short time in yours eye, perhaps you can see that wonderfully long bone running from ankle to your knee in your right leg….see how wonderfully straight and long and solid it is….and what a wonderful feat of construction. Let it relax….let all muscles just relax…..and the muscles of your left calf….relax and way, way out in the future, and way, way into the past.

And now let all the muscles of your left shoulder completely relax…let it just droop towards the ground….and rest comfortably against the seat you are in let it relax and now the muscles of your stomach. Let your stomach just hangout….just relaxed. Once again it's like when you were a very little person just learning how to do all of the things you had to do, like telling time and reading. And now the muscles of your left and right thigh……just relax .all the tensions of the day just drain out of them into the seat below you. And there is that word relax… consciously in your mind is the word relaxing way, way-out in the pat ….just in the past …..Right behind in the forehead.

And all the muscles of the face now….the muscles of your lips, your cheeks and your forehead, just let him fall towards the ground and your stomach and your chest … once again your chest just relaxed, and now you're back, and you're complete right arm and the fingers of your right hand. And if there's any part of your body's that not completely relaxed already, it soon will be.

And now all the muscles and sinews and tendons of your left arm and your left hand and the fingers of your left hand completely relax. And all the muscles of your neck and your shoulders and your chest and your buttocks and the whole pelvic area now… think about the whole pelvic area…. Once again your face…. And your head…..and if my drifts away that's fine just as long as you are sitting back comfortably and relaxing.

Many things are changing in your body all of which are normal and wonderful just through your relaxation.

Use your five senses to enrich the following experience, allow your mind to generate personal wellbeing.

Imagine yourself on a beautiful sandy beach…. Notice the soft white sand….. Notice the shades of blue in the water……notice the blue soft white clouds rolling slowly….notice the lush tropical plants and flowers……

Listen to the sound of the breeze blowing gently in the tress…..notice the sound of waves rolling slowing to the shore…..notice the sound of the birds softly calling……

Tell the sunshine warm on your skin…….

Notice the warm sand underfoot…. and the cool breeze on your hair and face…..

Smell the fresh ocean scent…….

Notice the sweet fragrance of tropical plants

Notice a pleasant taste in your mouth …..Perhaps from a tall cool drink…..

Notice yourself relaxed and calm….. Relaxed and calm …..Relaxed and calm……

Enjoy the feeling of relaxation

Notice as it moves from the top of your head slowly down you face …..Neck…..shoulders…..chest….. Arms….. Abdomen…. legs….. Feet….. Toes.

Notice yourself relaxed and calm….. Relaxed calm …..Relaxed and calm…..

When you are ready slowly open your eyes refreshed and awake.

Duration

- 10- 15 minutes

Advantages

It can be used to alleviate

- Stress –related health concern
- High blood pressure
- Pain related to muscle tension
- Insomnia and anxiety or depression

Used for treating autoimmune disorders.

- Rheumatoid arthritis
- Crolms disease
- Chronic allergies
- Asthma

Calm your mind

Disadvantage

- Can trigger high level of anxiety in some clients. So caution should be taken when using their techniques for the following clients
- Asthma attacks triggered by stress or anxiety
- Seizures triggered by stress or anxiety
- Cardiac condition
- Depression with suicidal ideation
- Hysteria
- Pregnancy
- Severe psychiatric disorders.

Conclusion

Guided imagery is useful strategies for cancer stress. However their effects vary from patient to patient. Guided imagery is a convenient and simple relaxation technique that can help quickly and easily manage stress and reduce tension in your mind.

ACKNOWLEDGEMENT

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